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# The Medical Officer of Health City & County of Bristol

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REPORT FOR

1965



**THE  
HEALTH OF BRISTOL  
IN 1965**





# THE HEALTH OF BRISTOL IN 1965

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## THE HEALTH OF BRISTOL IN 1965

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present my tenth Annual Report on the health of the City and County of Bristol which is compiled in accordance with Ministry of Health Circular 1/66.

There was a further decline in the population from 432,070 in 1964 to 430,900 in 1965. There was an increase of 83 to 7,600 in the total number of births and an increase of 76 to 741 (9·8 per cent) in the number of illegitimate births.

The low records of infant wastage experienced in 1964 were unfortunately not maintained. The still-birth rate was 15·5 per 1,000 live and still-births (12·2 in 1964); the neo-natal death rate was 14·5 per 1,000 live births (11·8 in 1964); the perinatal death rate was 27·8 per 1,000 live and still-births (22·5 in 1964); and the infant mortality rate was 21·6 per cent, the highest since 1953 (18·4 in 1964). Deaths in infancy due to congenital malformations rose from 30 to 42; due to post-natal asphyxia and atelectasis from 28 to 45; due to immaturity from 14 to 24; and due to gastro enteritis from 1 to 6. When dealing with comparatively low numbers, a small increase or decrease in the number of still-births and infant deaths will produce a significant change in mortality rates; nevertheless, arrangements have been made to review, as soon as possible, the whole problem of the perinatal death rate in Bristol. Post-neo-natal deaths in the City have been studied in detail since October, 1963 and it is likely that similar consideration will be given to perinatal mortality, with particular reference to avoidable factors. Although we are approaching the "hard-core" of infant life wastage, the experience of some other countries would suggest that there must be some factors inimical to life which we in Bristol are not avoiding.

For example, the Chief Medical Officer of the Ministry of Health in his Annual Report pointed out that in 1964 the infant mortality rate in England and Wales, 19·9, was reached by Sweden 14 years earlier, in the Netherlands and New Zealand 10 years earlier, in Australia 4 years earlier and Finland 3 years earlier. Among the reasons advanced for the favourable health statistics in the Netherlands (where the infant mortality rate in 1965 was 14·4 and more than 60 per cent of deliveries took place at home) are the greater reproductive efficiency of Dutch women, who probably have superior health and physique, and the sparing use of analgesics in labour. For many decades infant mortality rates in Bristol have always been lower than the national figures and it would indeed be unfortunate if this large City lost this proud record.

Increasing attention is being directed to the organisation of screening tests which might detect diseases like cancer of the breast (82 deaths in Bristol in 1965) and of the uterus (42 deaths, including 18 of the cervix) at a stage when treatment would be completely effective, and, with the co-operation of the hospitals and general practitioners preliminary consideration was given to a scheme for a local cervical cytology service. Unfortunately, at present there is a grave shortage of hospital laboratory technicians, but we are hopeful that next year a service can be started. The role of cigarette smoking in the causation of cancer of the lung and the bronchus (222 deaths) and in the exacerbation of symptoms of bronchitis (322 deaths) is well known and health education activities directed against cigarette smoking were once again given priority.

Deaths from arteriosclerotic heart disease, including coronary disease, for which no national programme of prevention has been developed, increased in Bristol from 1,000 in 1964 to 1,090 in 1965. An analysis of 3,149 deaths from the disease in the years 1963–1965 showed that mortality was greatest in January (346 deaths), followed by December (299), March (297) and November (295). Fewest deaths were reported in August (209) and May (210). There was a particularly high mortality in the first quarter of 1963 (372 deaths) and Mr. G. E. Clothier of Long Ashton Research Station showed that there were 53 days during this period when temperatures of 30°F. or less were recorded. It has been estimated that at the end of a cold December in Great Britain approximately 2,500 people will have died who might have been alive had the month been milder. Understandably it has been suggested that it would be prudent to advise coronary patients to keep warm in winter. But the great need is to elucidate the causative factor of this disease and in spite of all research into this problem the only sound preventive advice which can be given is for our way of life to be conducted in accordance with the dictum, “moderation in all things”—whether in eating, drinking, smoking or exercise.

### **Infectious Diseases and their Prevention**

For the sixteenth consecutive year there was no case of diphtheria, and for the fourth year, none of poliomyelitis. The number of cases of whooping cough fell from 315 in 1964 to 165 in 1965, probably associated with the introduction of improved vaccines. The immunisation state of a one in ten sample of children born in 1963 was analysed, and it was found that at least 70 per cent were adequately protected against diphtheria, whooping cough and tetanus. Only 67 per cent were protected against poliomyelitis, and about 20 per cent had not received any immunisation whatever.

About 25 per cent were vaccinated against smallpox, but there was an encouraging increase in the numbers of children aged between 1 and 5 years who received primary vaccination from 708 in 1964 to 2,703 in 1965.

Following reports of cases of poliomyelitis in Blackburn a small vaccination campaign was launched in Bristol in August, particular attention being given to children under the age of 5 years, especially those about to enter schools in September. Considerable assistance was given by the press, radio and television authorities, the Local Medical Committee, the Flower Show and Youth Committees and the management of entertainment centres. Special vaccination sessions were arranged for the nursing and ancillary staff of the United Bristol Hospitals. There was a prolonged increase in demand for vaccine and for the next five months the weekly average number of doses issued was 2,343 compared with the normal issue of 720.

There were 5,564 notifications of measles in 1965, and Bristol children born in 1963 who received vaccine, shared the general experience of a reduction of about 85 per cent in the incidence of the disease. Up to 24th August 1965, only 10 (1.9 per cent) of 523 children vaccinated in the Bristol vaccine trials were notified as suffering from measles, compared with 94 (18.4 per cent) of 512 unvaccinated children. Furthermore those cases which occurred in vaccinated children were on the average milder than those in unvaccinated children. Children in the “control” groups of the trials in 1964 were vaccinated in September and October, 1965.

There were 87 new notifications of pulmonary tuberculosis, the lowest ever recorded, and the reduction from the total in 1964 was the largest in a year for



more than 20 years. In the past 10 years new cases have declined by more than 70 per cent. For every 100 new male patients in 1956 there were only 32 in 1965, and in females the corresponding figure was only 23. There was a similar overall decline in new cases of non-pulmonary tuberculosis. Nearly one-quarter of the newly notified cases of tuberculosis occurred among residents in the central areas of the City (St. Paul's, Easton and adjacent parts of Cabot and District Wards). Routine testing of school-children at the age of 13 years showed not surprisingly now that 'open' T.B. cases are so rare that the natural skin positivity rate was only 7 per cent; 79 per cent of parents of eligible children accepted the offer of testing, and subsequent B.C.G. vaccination where appropriate—the best response in any of the common prophylactic procedures.

In September supplies of vaccine against anthrax were made available. The Ministry of Labour circularised factories where employees were considered to be at special risk and similar arrangements were made for some Corporation employees. Relatively few persons are at risk to this disease and it is not anticipated that many vaccinations will be necessary.

### General Epidemiology

Between February and early April an unusually high proportion of throat swabs sent to the Public Health Laboratory showed evidence of haemolytic streptococcal infection and an increasing number of cases of *acute rheumatism* were notified from March onwards among children aged up to 16 years. By the end of the year 14 new cases of acute rheumatism, 14 of rheumatic heart disease and 3 of chorea, a total of 31, were reported compared with a total of 10 in 1964.

Seven year cycles of high endemicity of *infectious hepatitis* have been noted in the U.S.A. and several European countries. The last big outbreak in the City started late in 1959. Most of those affected were children aged up to 16 years, especially those of primary school age. It was interesting, therefore, that 6 years afterwards, i.e. in 1965, 288 cases were confirmed in Bristol, more than twice as many as in 1963 or 1964. The question arises of whether 1966 will show a greatly increased prevalence over recent years. A hypothesis has been advanced that there is a close association between the incidence of infectious hepatitis and the birth of children with Down's syndrome nine months later and it is of interest to record that in Bristol between 1955 and 1959 four to six children with Down's syndrome were born annually and in 1960 and 1961, the years of most notifications of infectious hepatitis, the numbers of cases of Down's syndrome were 12 and 3 respectively.

There was one general outbreak of *food poisoning* involving 110 people which was attributed to *Salmonella typhimurium* phage type 32 infection. Cases occurred between 20th May and 1st October and the source of the organism was traced to an abattoir just outside the City boundary and meat was the vehicle of infection.

*Coxsackie* virus B5 was isolated on 97 occasions between June and the end of the year. The disease occurred predominantly in children and young adults and the most common presenting signs were those of aseptic meningitis and Bornholm disease.

During the winter months para influenza virus was isolated and there were two episodes of influenza A and B infection in an independent day and residential school.

## Venereal Disease

Although for the first time since records have been kept not a single case of early infectious syphilis was seen at any of the Bristol Clinics, excluding Avonmouth, the total number of new patients continued to rise. Of male patients treated for gonorrhoea 50 per cent were immigrants, and of female patients 35 per cent were under the age of 20 years. These figures are in accordance with national trends and during the year both social groups received a good deal of publicity.

## Maternal and Child Welfare

There was a small increase in the number of expectant mothers attending clinics in the first two months of pregnancy. There were 5,791 births to Bristol mothers in hospital (77.4 per cent) and 980 women (17 per cent) were discharged home by the third day. A small medical sub-committee was established to consider the possibility of a short stay delivery unit attached to one of the main maternity hospitals, where the mother could be attended at delivery by her own doctor and domiciliary midwife and then return home for nursing care. New nitrous oxide and oxygen machines were introduced for use by domiciliary midwives. The post-natal service which provides contraceptive advice for medical reasons was extended, with the establishment of a special session for fitting the intra-uterine contraceptive device. Two maternal deaths were reported; one a mother aged 29 having her second baby who died from bronchopneumonia and severe pre-eclamptic toxæmia, and the other an unmarried woman aged 20, who died of renal failure as the result of an abortion.

There is an urgent and increasing demand for places in day nurseries, particularly in the central area of the City. A site has been selected for building a new nursery in this area, and as a temporary measure a prefabricated building was erected in the garden of Ashley Road Day Nursery to take 20 extra children. At the end of the year there were 325 children on the registers of the 7 day nurseries, and a waiting list of 92, including 33 at Ashley Road.

The number of non-profit making playgroups in the City increased from 14 in 1964 to 19 in 1965, and the Education Committee has allocated funds to assist in the purchase of some larger equipment. Profit making playgroups, private day nurseries and registered child minders also made a valuable contribution to the care of children aged less than 5 years, and altogether 26 hired premises and 15 private houses provided accommodation for 739 children.

Health visitors are trained to assess the development of babies and young children and to carry out routine screening procedures, including tests for phenylketonuria, congenital dislocation of the hip, and tests for hearing of babies. During the year a case of phenylketonuria was detected by a routine test in a baby aged 5 weeks, the only confirmed case out of approximately 26,250 births since November, 1961 when testing was introduced in the City. Under the direction of Dr. David Burman, the Department is co-operating in a study of iron deficiency anaemia in infancy to determine its prevalence, the possibility of its prevention by small daily doses of iron, and to determine whether prevention of anaemia affects growth or the incidence of illness.

Professor Victor Neale, who retired from the Chair of Child Health in the University after 18 years' service on 31st July, was a very stimulating personality



and conscientious clinician and teacher. His ever-willing collaboration with the Public Health Department was much appreciated and he will be greatly missed. Fortunately, he was succeeded by Dr. Neville Butler, Physician to the Hospital for Sick Children, Great Ormond Street, and Senior Lecturer in the Institute of Child Health, University of London, with whom senior members of the staff already had friendly relations in connection with his work as Director of the 1958 British Perinatal Mortality Enquiry.

#### **Fluoridation of Water**

The Bristol water supply is deficient in fluoride and during the year I strongly advised artificial fluoridation in order to prevent dental caries. The Health Committee agreed by 7 votes to 6 and an informal meeting of members of the City Council was addressed by a supporter of fluoridation, Professor E. W. Bradford and an opponent, Dr. H. M. Sinclair. After the speakers had answered questions I emphasized the effectiveness of the procedure, its safety and its practicability. At an ordinary meeting of the City Council held on 9th November the recommendation of the Health Committee was rejected by 69 votes to 31. This was a disappointing outcome, particularly since by the end of the year 95 local health authorities and authorities with delegated functions had voted in favour of fluoridation and only 51 against.

The lamentable story of the dental state of children's teeth is portrayed by the following figures. Of every 11 children, aged between 3 and 5 years, examined by Corporation dental officers, 10 had defective teeth and, on an average, 7 decayed, missing or filled teeth out of 20. Of 524 15-year olds examined (a one in ten sample) only 3 children, all boys, of whom 2 arrived from the West Indies in 1962, had a perfect set of 28 teeth.

#### **Families in Difficulties**

One of the most common precipitating factors in the break-up of families is eviction. In Bristol in the five financial years ending 31st March, 1964, 3,391 notices to quit Corporation accommodation were issued, and 425 dwellings vacated. When the Children and Young Persons Act, 1963 came into force, it became possible for the Children's Committee to make available advice, guidance, and assistance to promote the welfare of children by diminishing the need to receive them or keep them in care. During 1964, 54 families requiring long-term support were transferred from the supervision of the Health Department to the Children's Department, and in 1965 a further 103 families were transferred. The team of four health visitors and two welfare assistants were thus enabled to concentrate on preventive work amongst families not on the point of breakup and in fact their register of families increased from 865 in 1964 to 915 in 1965.

In 1964 it was considered desirable to set up a new Committee of four Chief Officers—the Medical Officer of Health, the Children's Officer, the Housing Manager, and Welfare Services Officer—meeting monthly under the chairmanship of the Town Clerk, to deal with all potential evictions from Local Authority dwellings. The Committee considers cases involving families which are being put forward by the Housing Manager to the Housing Committee with a view to eviction. Nearly always these cases have been previously considered by area case committees composed of representatives of the Corporation Department and voluntary bodies at

field level, and if all members of the Case Committee agree that there is no reason to object to the eviction of a family, eviction takes place without reference to the four Chief Officers. In most cases the four Chief Officers consider the eviction and make a recommendation to the Housing Committee. There is machinery to call together an appeal body made up of members of the City Council from the four Committees involved, if the Chief Officers fail to agree, but in more than two years' operation up to July 1966, it was only once necessary to invoke this machinery.

At the end of 1965 the Children's Committee was giving rent guarantees in respect of 45 tenants, and although in the financial year 1964/65, 513 notices to quit were issued, only 47 dwellings were vacated. Since January 1964, the Housing Committee has issued distress warrants for the recovery of arrears, and out of total debts of £1,345 in respect of 92 tenants, £1,138 was recovered. On only one occasion was it necessary to remove furniture. At the end of 1965 the Corporation owned 44,170 dwelling units, and the percentage of rent arrears was no higher than in 1961.

### **The Immigrant Community**

At the time of the 1961 census there were living in Bristol, 3,118 people born in Caribbean territories, India, Pakistan and Ceylon. Since 1961 it is thought that there has been an annual average of 350 new coloured immigrants and about 300 babies were born in the City each year to immigrant families, mainly West Indian.

During 1965, 344 immigrant women including 237 from the West Indies attended ante-natal clinics. Since February 1965 information has been received from sea and air port medical officers about immigrants who express the intention of settling for long periods in the City and by the end of the year 389 had arrived. Of these, immigrants from the Caribbean made up the single largest group (173) despite severe restrictions on entry from other parts of the Commonwealth; and Italians, often from Sicily, formed the second largest group (91). By the end of the year health visitors succeeded in establishing contact with 325 of those who came to the City since February. Information was given to the immigrants, inter-alia, about the National Health Service and they were encouraged to register with general medical practitioners. With the agreement of the Local Medical Committee, adults were offered chest x-rays at the Central Health Clinic and 154 (63 per cent) accepted, West Indians having the best response (80 per cent). All the reports were satisfactory and were sent to the Clerk of the Local Executive Council for transmission to general practitioners, with whom immigrants register.

There was evidence that the size of the immigrant community in certain parts of the central area had doubled since the 1961 census and at the end of the year, the coloured immigrant population was believed to be about 6,000. Immigrants are employed in the hospital service, mainly as nurses, orderlies and domestics and in semi- and unskilled jobs in the building and catering industries and in November only 97 were unemployed. The core of the problem surrounding the integration of coloured people lies in housing difficulties associated with multiple occupation.

Most immigrant families want to own their homes and in a recent survey in Bristol, out of 1,600 applications for Corporation loans on properties built before 1919, 350 were made by coloured immigrants, mainly West Indians and Asians. The average immigrant appeared to have no difficulty in finding a deposit of £240 to £350 towards the total cost of £1,300 to £2,000. Although most properties were



purchased in the central areas of the City, there were signs of a trend to move to better residential districts. Very few coloured families applied for temporary accommodation under the National Assistance Act.

In 1962 the Rowntree Trust made a grant for the appointment of a field youth worker employed at first in close association with Baptist Mills Youth Centre. There is an active multi-racial club in the western area headquarters of Toc H. and the Dockland Settlement in City Road has become more active with the appointment of two full time officers, one of whom is a trained social worker. A senior police officer has acted as a liaison officer in the community and an Advisory Council in Multi Racial Relations and a Co-ordinating Committee have been established under the auspices of the Bristol Council of Christian Churches.

### **The Training and Work of Health Visitors**

During the academic year 1964/65 there were 26 health visitor students in training of whom 13 were sponsored by the City. All were successful in the examination of the Royal Society of Health in July 1965.

Following the Health Visitor and Social Work (Training) Act 1962, the Council for the Training of Health Visitors was established and from the autumn of 1965 all training centres adopted the syllabus laid down by the Council. In future, each training centre will organise its own examination and successful students in Bristol will be awarded the University of Bristol Certificate in Health Visiting and in addition will receive the National Certificate issued by the Training Council. Practical instruction in the skills of health visiting is undertaken by field work instructors, three students being placed with one instructor for the duration of a course which lasts one year. Eight health visitors attended a two week course for field work instructors in July, and in October 1965 26 students started training in Bristol, of whom eight were sponsored by the Corporation.

A refresher course organised in co-operation with the University Department of Extra-Mural Studies was held in April and gave an opportunity to re-assess the health visitors' work as it applied to contemporary society and in particular the opportunity to "see ourselves as others see us" through the eyes of those members of the community who are being assisted and those workers in other services with whom co-operation is necessary.

### **Health Education**

Nineteen sixty-five marked the centenary of Bristol's organised efforts to prevent sickness and disability. In February 1865 Mr. D. Davies, a surgeon, was appointed "medical inspector for the district of the Mayor, Aldermen and Burgesses of the City and County of Bristol" for a period of six months. Mr. Davies thus became Bristol's first medical officer of health. An attractive illustrated brochure was produced, highlighting some of the more notable events in public health work in the City, and the City Council was kind enough to mark the occasion by giving a reception for health workers in the City.

In February a monthly clinic programme of health education topics was started, the main article in the monthly bulletin being related to the topic for that month. During September, the topic was foot health and display material was supplied by local shoe manufacturers. Health visitors asked mothers of young

children about the measuring of their children's feet when buying shoes and from the variety of answers received, it was evident that fitting of shoes could be improved.

For several years the nutritionist has given personal dietary advice to patients referred by general practitioners at the health centres. Advice has also been given to children and adults referred by local authority doctors and to discharged hospital patients needing after-care. In September the service was extended by making available to general practitioners printed dietary sheets for certain patients requiring special diets. The scheme was described in the monthly bulletin and about half of the 260 general practitioners in the City have obtained diet sheets.

During the year, officers of the Department gave 1,176 talks to a total audience of just under 17,000 people.

### **Mental Health Services**

The number on the register of the Bush Training Centre has increased from 292 in June 1963 to 339 in December 1965.

Experience in the operation of the Centre has shown an increased demand for places for very young children, who are admitted when possible from the age of 3 years onwards, and for mentally severely subnormal adults.

The demand for places in the Bush residential unit was also greater and 104 children between the ages of 18 months and 16 years were admitted for periods ranging from a few days to several weeks, mainly between April and September.

During the year the Local Health Authority accepted full responsibility for the Stratton Street Day Centre which was originally sponsored by the Round Table and has been operated by Bristol Spastic Association since 1954. Most of those attending were children who were severely physically disabled and nearly all of whom were mentally severely sub-normal. The Centre is now operated as a complement to the Special Care Unit of the Bush Training Centre, by providing day care for children who are physically unsuitable for the Bush Centre, and at the end of the year there were 17 children attending.

Marlborough House Workshop provided an opportunity to use the industrial ability of higher grade trainees who are of borderline employability.

The Devon House and Marlborough House hostels have become firmly established but neither has been fully occupied, partly because of the policy of accepting at Devon House only those persons who are expected to become suitable to move on into lodgings within a period of one or two years.

Demands upon the Mental Health Service continue to increase. Improved prospects for mentally disordered persons within the community, more effective treatment of the mentally ill and increased training facilities for the mentally sub-normal are helping many persons to live in the community, who would otherwise have remained in hospital for many years. Although clubs, hostels and day centres meet many of the needs, the main burden of community care still rests upon mental welfare officers. Considerable difficulties have been experienced in obtaining suitably qualified persons to fill vacancies for mental welfare officers. The Committee has pursued an active policy of seconding officers to professional training courses but it will be many years before the supply of professional personnel meets the demand. In the meantime existing officers in the field are carrying at times a well nigh intolerable burden of case work.

## Ambulance Services

During the year 175,311 patients were conveyed to and from hospital and a total of 824,989 miles run by vehicles of the ambulance service fleet.

Building of the new central ambulance station started in June and although the contract period for completion is 21 months it is pleasing to report that at the end of the year progress was well ahead of schedule.

During the year a Mufax facsimile machine was installed linking the transport office of the Bristol Royal Infirmary to the main ambulance control room, the cost being shared between the United Bristol Hospitals and the Corporation.

In an endeavour to throw more light on the need for resuscitation of the moribund patient, between June and December 1965 records were kept of patients who were dead when Corporation ambulances arrived, or died in ambulances. Of 106 patients who were reported as dead on arrival, 17 were aged less than 45 years and 44 between 45 and 65 years. Of these patients, 74 per cent were suffering from heart or other associated disease, 11 per cent poisoning and 9 per cent had been involved in accidents. The average time taken to reach the scene after the receipt of a call was 7 minutes and 75 per cent of the patients were reached within 10 minutes. Fourteen patients died in ambulances, including 9 who had cardiac disease and 2 victims of accidents.

In July and August 1965 hospitals made available records of patients dying within 24 hours of admission and among the 13 patients involved, 5 were accident cases, 3 had coronary thrombosis and 3 cerebral haemorrhage.

In a year 180 patients might be found dead when the ambulance arrived, 24 might die in ambulance vehicles and 50 might die within 24 hours of admission to hospitals. It is difficult to determine how many of these patients would have survived with more adequate initial treatment. Tentative conclusions are that although much might be achieved by better training of ambulance personnel there is a need for a greater awareness of simple methods of resuscitation among members of the general public.

## Old People

During the year the number of aged, infirm or elderly chronically sick receiving assistance from the home help service increased by 7.3 per cent from 3,460 to 3,712 (82.5 per cent of the total) and 23,788 chiropody treatments were carried out mainly on old people either in clinics or their own homes, an increase of 17.6 per cent. There was a small reduction (4,395) in the total number of visits (223,089) made by home nurses.

Each specialist health visitor for the chronically sick and elderly is now helped by a welfare assistant who deals with routine clerical work, telephone calls and follow up visiting after the initial assessment by the health visitor. At the end of the year preliminary assessment was made of the findings of the Retirement Clinic in St. George Health Centre. Patients approaching the age of 65 years are identified by an age/sex register and invited to attend for a medical examination which is carried out by an experienced member of the Corporation medical staff.

Full social and medical histories are taken and patients undergo a complete physical examination. Of 70 patients examined (28 men and 42 women) 30 had raised blood pressure; 24 required chiropody treatment; 20 had defects of hearing



(of which 11 were treatable) and 10 had some degree of anaemia; six were overweight, five were underweight, four were referred to opticians but none was found to be suffering from diabetes or to have evidence of glaucoma. Treatment was arranged where necessary through the co-operation of the general practitioners at the Centre.

### **The Health of Corporation Employees**

There was steady development of the occupational health service during the year. Exclusion of employees from entry to the Corporation superannuation scheme for medical reasons was shown on actuarial grounds not to save money. The City Council decided to admit to the scheme all those fit to do their jobs.

About 180 talks on first-aid were given and 12 lecture/discussions on occupational health were held for Council committees, chief officers, medical officers and trade unionists.

In co-operation with officers of the City Engineer's Department a special study was made of the health problems of sewer men.

### **Environmental Health Services**

There was a substantial increase in the number of visits from nearly 82,000 in 1964 to more than 100,000 in 1965. Visits to food premises increased from 2,889 to 3,301, in connection with the inspection of foodstuffs from 5,028 to 5,608, and under the provisions of the Housing Act from 2,317 to 4,842.

During warm weather in the early part of the year, houses, factories and schools in the southern part of the City were infested with common house flies. The sources were the local authority's composting plant (which had broken down) and a large accumulation of compost material on a tip site. Remedial and preventive spraying was carried out immediately, free of charge, in affected premises and the conditions of food establishments was checked.

In a survey in 1963 of 219 houses (90 per cent owner occupied) in the east-central area, 170 had basements, 74 were in multiple occupation, 69 (31 per cent) were considered unfit. Void sites and derelict buildings were a special problem and discarded furniture and domestic refuse were deposited in rear gardens. As a result of the co-operation between the Health and Transport and Cleansing Committees, who shared the cost of £600, between August and November 1,500 cubic yards of generally obnoxious material was removed from 142 properties and void sites. By the end of 1965 the Corporation had acquired agreed terms for the purchase of 101 houses.

Airborne dust associated with the modernisation of older processes and rapid mechanical handling of bulk material demands increasing attention and during the year complaints of a dust nuisance from a concrete mixing plant were investigated with the help of the City Analyst. The company acknowledged their responsibility and installed a dust extraction plant in the mixing tower.

Complaints were received about a noise nuisance arising from the use of pneumatic drills in the demolition of a disused air raid shelter and, after representations from the Town Clerk, instructions were given for the demolition to be completed outside normal hours.

A sub-committee of the Central Housing Advisory Committee, of which I am a member, is considering the practicability of specifying objective criteria for the

purposes of slum clearance, the rectification of disrepair, and the housing powers relating to minimum tolerable standards, and visited Bristol in May. One of the least satisfying points in housing work is the long delay between demolition of the old and the building of the new and it is pleasing to record that the Minister of Housing and Local Government, The Rt. Hon. Richard H. S. Crossman, O.B.E., M.P. visited the City in November to lay the foundation stone of a seventeen storey block of flats, the first building in the Easton redevelopment of 190 acres.

Medical certificates in support of applications for Corporation housing were analysed. Points were awarded to 412 applicants, and 44 were rehoused on absolute medical priority.

By the end of the year, the slaughtering of live animals for the butchery/bacon trade was confined to the public abattoir and two private slaughter houses. The percentage of animals infected with tuberculosis declined from six in 1961 to 0.114 in 1965. The incidence of cysticercosis in cows and best cattle rose slightly. During the year 1,360 specimens of pigs' diaphragms were submitted for the detection of *Trichinella Spiralis* without a positive result. Of 92 sewer swabs from the three slaughterhouses, 15 (16.3 per cent) were positive for salmonellae but of 270 samples of butchers' meat only 2 (0.7 per cent) were contaminated with the organism.

Works in connection with No. 7 Smoke Control Area (Sneyd Park and Stoke Bishop) were completed and in all, 1,490 adaptations were approved for grant purposes. The inset grate still proved to be the most popular replacement for the "stool and fret" grate, accounting for 32 per cent of adaptations; underfloor draught fires for 9 per cent and solid fuel room heaters with or without back boilers for 8.5 per cent. There was a trend towards "piped" fuels, 22 per cent of adaptations involving the installation of gas room heaters and 11 per cent electric thermal storage or direct acting space heaters. Central heating (solid fuel 81.2 per cent; gas 13 per cent and oil 5.8 per cent) replaced 12.5 per cent of fire places and  $\frac{5}{8}$ " fire bars and conversion sets for underfloor draught fires made up the remaining 5 per cent of adaptations. At the end of the year the Health Committee approved a revised programme which aims at a smoke controlled City in twelve to fifteen years.

During the year 1,721 premises were registered under the Offices, Shops and Railway Premises Act 1963 and at the end of the year 6,582 premises were on the register. Despite press and television publicity it was believed that 15-20 per cent of premises were still unregistered. Among regulations that came into force during the year were those requiring that employees should be informed of the effect of the Act and Regulations and that first aid boxes must be in charge of the persons trained in first aid. There were complaints of inadequate temperature and 149 notifications of accidents. During the last three months of the year, a survey of lighting conditions in office and shop premises showed that illumination was worse in stock and preparation rooms than in the parts visited by the public.

With regular and effective treatment for five years, the percentage of manholes in the City sewerage system showing rat infestation fell from 32 to 17.6.

#### Scientific Services

Additional accommodation at Canynge Hall became available during the year and there were established a library, a gas chromatography section, the beginning of a

laboratory for trace metal work, a section dealing with antibiotics and milk and a staff room. By the end of the year it was possible to initiate a sampling programme for the examination, in the first instance, of fresh fruit for pesticides. Important legislation, reports and proposals affecting such foods as canned meats, sausages, meat pies, butter, margarine, meat and fish pastes were considered during the year.

### **Records and Organisation**

Since 1st January 1963 an index for all births has been maintained centrally. There is considerable internal mobility in the City and on the basis of a one in ten sample of children born in 1963, it was estimated in 1965 that for every 100 children under the age of five years there would be about 30 changes of address every year. Of the children in the survey, 40 per cent had changed their addresses since birth, 9 per cent twice and 3 per cent three times. In four cases there were more than five changes of address recorded. The areas of members of the nursing staff are now related to electoral polling districts, and divisional nursing officers and home help organisers are based at Central, Bedminster, Southmead and Speedwell Clinics.

Arrangements are now in hand for the computerisation of some of the Health Department records and it is hoped that the first programme will be in force in 1966.

### **Clinics and Health Centres**

The Housing Committee erected a Corporation Clinic and consulting rooms for two general practitioners as a ground floor appendage to Corbett House, a multi-storey block of flats in the Barton Hill development, and Councillor J. O'Neill, Chairman of the Housing Committee opened the Clinic on 6th April 1965. Members and officers of the Housing Committee have been very helpful in supporting the provision of health centre facilities as an integral part of new Corporation housing in the Easton and Bedminster areas.

Detailed consideration was given to the planning of a health centre in the Stockwood area and preliminary meetings were held with representatives of the Local Executive Council, the Local Medical Committee and interested general medical practitioners about the possibility of the establishment of health centres in other areas.

Advice was given to family doctors on the compilation of age and sex registers of patients in their practices.

Among the many visitors to St. George Health Centre was the Minister of Health, the Rt. Hon. Kenneth Robinson, M.P. who inspected facilities on 4th January, and had a full discussion with doctors practising at the Centre.

Work started during the year on a self-contained dental department for priority groups at the William Budd Health Centre, and consideration was given to improving the amenities of the Centre.

### **Voluntary Organisations**

The Bristol Samaritans were established in June 1964, and by the end of 1965 calls for help had been received from 505 individuals. About 30 per cent of the people were suffering from some form of mental disturbance, general anxiety or depression and about 30 per cent had marital difficulties. Most were already receiving medical



treatment, but about 10 per cent had recently arrived in Bristol and did not have a doctor, or were reluctant to continue or recommence treatment. About 20 per cent of the clients mentioned the thought of suicide or referred to a previous attempt, and since 36 people committed suicide during 1965, and mental welfare officers were aware of 55 people who had attempted suicide, it is clear that the Samaritans have an important part to play in assisting workers in the hospital and community mental health service.

The Bristol Association for Mental Health was established in November 1965. Among its aims and objects were spreading the knowledge of the ways in which mental health can be achieved and maintained; co-operating with other bodies in the City to provide help for those suffering from any form of mental or nervous disability; providing information about the services available, and providing a meeting ground for professional and voluntary workers in the mental health field in the City.

At the time of the 1961 census, 11,410 old people in Bristol (men over the age of 65 and women over 60) were living alone and 19,728 in households of two persons. Statutory services are unlikely in the foreseeable future to meet all their needs. Since July 1964 Bristol Old People's Welfare (Incorporated) with the help of a grant from the Welfare Services Committee, has employed a liaison officer for voluntary visiting services. The liaison officer acts as a link between all organisations in the City running voluntary visiting services for the aged; disseminates information through the news letter, "The Link"; organises coach trips and hospitality for those who are semi-housebound and co-operates closely with the old people's health visitors.

#### **Veterinary Services**

Bristol was within a swine fever infected area for four weeks in April but the City was free from notifiable disease during the year. The Riding Establishments Act came into force in April and two applications were received. In one a licence was refused and in the other, granted for a reduced number of horses. Unfortunately land prices are high and rented accommodation is used, usually on a very short lease. The control of feral pigeons continued to be a problem.

#### **STAFF**

##### **Obituary**

Two valuable members of the staff of the department died during the year.

John Ward, who was employed in the ambulance service since 1952 first as a driver/attendant and later as a control room operator, died after a long and painful illness in April.

John West, who worked in the service of the Corporation from 1937 and held the post of Deputy Chief Clerk in the Environmental Services Section of the Department of Public Health since 1961, died suddenly in July.

##### **Retirements**

Among members of the staff who retired during the year, I feel I ought to make special mention of six people who made praiseworthy contributions to the work of the Department.

Miss Gwynneth Stinchcombe joined the staff of the Corporation in 1920 as Clerk to the Colston Hall Management Committee and from 1943 onwards held the post of Social Worker at the Special Treatment Clinic. She was extremely successful in difficult but important work, and I am pleased to include in this report her final contribution which, as usual, was one of the first to be submitted.

Dr. Bernard Boulton, who entered the Corporation Service as Assistant Resident Medical Officer at Ham Green Hospital in 1930, retired in November. He was particularly concerned with physically handicapped, delicate and educationally sub-normal schoolchildren and carried out regular refraction sessions. One of his special responsibilities was the medical examination of Corporation employees.

Miss Mary Humber had worked in the Health Department for more than 33 years when she retired in December. She was appointed Sister-in-Charge of a busy health clinic as long ago as 1943 and had been Centre Superintendent of Charlotte Keel Clinic since its opening in 1956.

Mr. J. P. Barry, a Food and Drugs Inspector, Mr. C. W. Baston, a Port Health Assistant and Mr. Victor Williams, a Dental Surgeon, all with many years loyal service, also retired.

My thanks are again due to my Deputy, Dr. Skone, who has collated this report, and to the many contributors to the report both named and unnamed, and to the whole of the staff of the Department who have given me loyal and willing service, for which I am most grateful. I am also most gratified at the whole-hearted support I have received from the Chairman and Vice-Chairman of the Health Committee and wish to express my sincere thanks to them. The help and guidance I have received from my fellow chief officers has also been greatly appreciated.

I am,

Your obedient servant,

R. C. WOFINDEN,

Medical Officer of Health



# THE HEALTH COMMITTEE, 1965

## CHAIRMAN

Councillor W. H. ENGLAND

## VICE-CHAIRMAN

Alderman Mrs. H. BLOOM

## ALDERMEN

Mr G. P. C. FORD

Mr. C. HEBBLETHWAITE

Mrs. A. E. NUTT

## COUNCILLORS

A. B. Abrams

Mrs. G. C. Barrow (from 25.5.65)

W. E. Blackmore

W. W. Clothier (resigned 24.5.65)

M. R. Hulin

Mrs. P. M. Jacob, J.P.

Miss I. M. Lobb, M.B.E.

Mr. M. G. Moore (from 25.5.65)

Miss J. Stephen (to 24.5.65)

H. Trapnell, M.A.

G. W. Tucker

## PUBLIC HEALTH STAFF, 1965

### MEDICAL OFFICER OF HEALTH

R. C. WOFINDEN, M.D., D.P.H., D.P.A.

*Deputy Medical Officer of Health:* J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

### PRINCIPAL ASSISTANTS

*Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health:* H. Temple Phillips, M.D., D.I.H., D.C.H., D.P.H.

*Senior Medical Officer—Port:* G. N. Febry, M.B., D.P.H.

*Senior Medical Officer—School Health Service:* A. L. Smallwood, M.D., D.C.H., D.P.H.

*Senior Medical Officer—Maternal and Child Health:* Sarah C. B. Walker, M.D., D.P.H.

*Senior Medical Officer—Epidemiology:* P. W. Bothwell, M.D., D.P.H.

*Senior Medical Officer—Occupational Health:* J. W. Markham, M.B., D.P.H., D.I.H.

*Chief Dental Officer:* J. McCaig, L.D.S., R.F.P.S.

*Chief Public Health Inspector:* G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.

*Chief Administrative Officer:* A. E. Meacham

*Chief Nursing Officer:* Margaretta Marks Jones, S.R.N., S.C.M., H.V., N.A.C.

(Public Health)

### PROFESSIONAL AND TECHNICAL OFFICERS

*Chief Ambulance Officer:* R. F. F. Wood, F.I.A.O.

*Health Education Officer:* P. Mackintosh, B.A.

*First Assistant, Organisation and Records:* W. B. Fletcher, F.S.S., A.M.R.

*Nutritionist:* Margaret Chapman, S.R.D.

*Senior Medical Social Worker:* Marion Moncaster, A.M.I.M.S.W.

### SCIENTIFIC ADVISER

E. G. Whittle, B.Sc., F.R.I.C.

# VITAL STATISTICS & EPIDEMIOLOGY

**P. W. Bothwell**

(Senior Medical Officer — Epidemiology)

**W. B. Fletcher**

(First Assistant, Organisation and Records)

**J. F. Skone**

(Deputy Medical Officer of Health)

**N. A. Dent, M.B., Ch.B., D.P.H., D.Obst.R.C.O.G.**

(First Assistant Medical Officer)

With the assistance of

**H. R. Cayton, M.B., Ch.B., M.C.Path.**

(Director of the Public Health Laboratory, Bristol)

**Suzanne K. R. Clarke, M.D., Ch.B.**

(Consultant Bacteriologist, Public Health Laboratory Service)

**A. W. Macara, M.B., Ch.B., D.P.H.**

Lecturer in Public Health, University of Bristol.

## VITAL STATISTICS

	1965	1964	1963	1962	1961	1960
POPULATION ... ..	430,900	432,070	433,920	434,260	436,000	433,750
AREA IN ACRES ... ..	26,350	26,350	26,350	26,350	26,350	26,350
NUMBER OF MARRIAGES	* 3,614	3,600	3,612	3,606	3,725	3,407
<b>LIVE BIRTHS</b>						
Legitimate M. 3,443 F. 3,416	6,859	6,852	6,939	6,662	6,573	6,456
Illegit. M. 395 F. 346	741	665	701	587	488	433
Illegit. expressed as percentage of all births ...	9.7%	8.8%	9.2%	8.1%	6.9%	6.3%
Total Births ... ..	7,600	7,517	7,640	7,249	7,061	6,889
Live Birth Rate ... ..	17.6	17.4	17.6	16.7	16.2	15.9
<b>STILLBIRTHS</b>						
Legitimate M. 52 F. 57	109	82	112	111	128	89
Illegit. M. 1 F. 10	11	11	7	7	10	12
Total Stillbirths ... ..	120	93	119	118	138	101
Stillbirth Rate ... ..	15.5	12.2	15.3	16.0	19.2	14.4
Total Live and Stillbirths ...	7,720	7,610	7,759	7,367	7,199	6,990
<b>INFANT DEATHS</b>						
Infant Mortality Rate—Total	21.6	18.4	20.3	20.8	17.7	19.7
„ Legit. Births	21.4	17.5	19.5	20.0	17.8	19.4
„ Illeg. Births	22.9	27.1	28.5	30.7	16.4	25.4
Neo-Natal Mortality Rate ...	14.5	11.8	13.6	13.7	14.0	14.4
Early Neo-Natal Mortality Rate ... ..	12.5	10.4	12.6	12.0	12.6	12.6
Peri-Natal Mortality Rate ...	27.8	22.5	27.7	27.8	31.5	26.9
<b>MATERNAL DEATHS</b>						
Maternal Mortality Rate ...	0.26	0.26	—	0.14	0.14	0.14
<b>DEATHS AT ALL AGES</b>						
Male 2,679 Female 2,632	5,311	5,141	5,765	5,495	5,384	5,260
Death Rate ... ..	12.3	11.9	13.3	12.7	12.4	12.1

\* Provisional

TABLE 1

**TOTAL DEATHS OF BRISTOL CITIZENS BY CAUSE AND AGE,  
REGISTERED DURING THE CALENDAR YEAR 1965**

(Compiled from figures supplied by the Registrar General)

DISEASE	Sex	All ages	0-	1-	5-	15-	45-	65-	75 & over
All Causes ... ..	M	2,679	90	14	11	126	779	763	896
	F	2,632	74	8	7	69	406	639	1,429
T.B. Respiratory ... ..	M	12	—	—	—	1	1	4	6
	F	5	—	—	—	—	1	3	1
T.B. Other ... ..	M	1	—	—	—	1	—	—	—
	F	1	—	—	—	—	—	—	1
Syphilitic Disease ... ..	M	4	—	—	—	—	—	3	1
	F	1	—	—	—	—	1	—	—
Diphtheria ... ..	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Whooping Cough ... ..	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Meningococcal Infection ... ..	M	1	—	1	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Acute Poliomyelitis ... ..	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Measles ... ..	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ... ..	M	4	1	—	—	—	2	1	—
	F	2	—	—	—	—	1	—	1
Malignant Neoplasm of Stomach ... ..	M	75	—	—	—	—	32	25	18
	F	48	—	—	—	2	11	11	24
„ „ „ Lung, Bronchus ... ..	M	193	—	—	—	4	90	68	31
	F	29	—	—	—	2	9	13	5
„ „ „ Breast ... ..	M	2	—	—	—	—	1	—	1
	F	80	—	—	—	4	37	24	15
„ „ „ Uterus ... ..	F	42	—	—	—	—	25	9	8
„ Other & Lymph. Neoplasms ... ..	M	229	—	1	—	14	89	59	66
	F	225	—	1	—	8	73	58	85
Leukaemia, Aleukaemia ... ..	M	18	—	2	1	1	3	5	6
	F	13	—	—	1	1	2	5	4
Diabetes ... ..	M	12	—	—	—	1	3	4	4
	F	23	—	—	—	—	5	9	9
Vascular Lesions of Nervous System ... ..	M	305	—	—	—	4	72	84	145
	F	524	—	—	—	2	48	135	339
Coronary Disease, Angina ... ..	M	680	—	—	—	27	252	218	183
	F	402	—	—	—	3	58	129	212
Hypertension with Heart Disease ... ..	M	64	—	—	—	1	17	26	20
	F	77	—	—	—	1	12	29	35
Other Heart Disease ... ..	M	189	1	—	—	2	27	35	124
	F	382	—	—	—	7	31	59	285
Other Circulatory Disease ... ..	M	164	—	—	—	4	30	47	83
	F	197	—	—	—	4	12	34	147
Influenza ... ..	M	3	—	—	—	1	1	—	1
	F	2	—	—	—	—	—	1	1
Pneumonia (including Pneu. of Newborn) ... ..	M	133	16	—	—	3	19	23	72
	F	148	10	—	1	2	6	26	103
Bronchitis ... ..	M	241	2	1	—	2	61	106	69
	F	81	1	—	—	4	11	18	47
Other Diseases of Respiratory System ... ..	M	29	—	—	—	1	11	10	7
	F	10	—	—	—	1	6	2	1
Ulcer of Stomach and Duodenum ... ..	M	25	—	—	—	2	7	9	7
	F	13	—	—	—	—	3	2	8
Gastritis, Enteritis and Diarrhoea ... ..	M	9	3	—	1	1	2	1	1
	F	17	1	1	1	—	1	4	10
Nephritis and Nephrosis ... ..	M	6	—	—	—	2	3	1	—
	F	11	—	—	—	2	1	5	3
Hyperplasia of Prostate ... ..	M	17	—	—	—	—	1	4	12
Pregnancy, Childbirth, Abortion ... ..	F	2	—	—	—	2	—	—	—
Congenital Malformations ... ..	M	25	20	2	—	1	2	—	—
	F	33	23	2	2	2	1	1	2
Other Defined and Ill-Defined Diseases ... ..	M	143	47	4	4	12	27	23	26
	F	193	39	2	2	8	40	44	58
Motor Vehicle Accidents ... ..	M	39	—	1	5	20	11	1	1
	F	17	—	—	1	6	1	3	6
All other Accidents ... ..	M	36	—	2	—	12	7	4	11
	F	35	—	2	—	1	4	9	19
Suicide ... ..	M	18	—	—	—	7	8	2	1
	F	17	—	—	—	5	6	6	—
Homicide and Operations of War ... ..	M	2	—	—	—	2	—	—	—
	F	2	—	—	—	2	—	—	—

TABLE 2

## CAUSES OF DEATH REGISTERED DURING THE CALENDAR YEAR 1965

(Compiled from figures supplied by the Registrar General)

<i>Death Rate per million population</i>	<i>Cause of Death</i>								<i>No. of Deaths 1965</i>	<i>Per-cent of all Deaths</i>
39	1.	T.B. Respiratory ...	...	...	...	...	...	...	17	0.32
5	2.	T.B. Other ...	...	...	...	...	...	...	2	0.04
12	3.	Syphilitic diseases ...	...	...	...	...	...	...	5	0.09
—	4.	Diphtheria ...	...	...	...	...	...	...	—	—
—	5.	Whooping Cough ...	...	...	...	...	...	...	—	—
2	6.	Meningococcal Infection ...	...	...	...	...	...	...	1	0.02
—	7.	Acute Poliomyelitis ...	...	...	...	...	...	...	—	—
—	8.	Measles ...	...	...	...	...	...	...	—	—
14	9.	Other Infective and Parasitic Diseases ...	...	...	...	...	...	...	6	0.11
285	10.	Malignant Neoplasm of Stomach ...	...	...	...	...	...	...	123	2.32
515	11.	„ „ Lung and Bronchus ...	...	...	...	...	...	...	222	4.18
190	12.	„ „ Breast ...	...	...	...	...	...	...	82	1.54
97	13.	„ „ Uterus ...	...	...	...	...	...	...	42	0.79
1,054	14.	„ „ Other & Lymphatic Neoplasms ...	...	...	...	...	...	...	454	8.55
72	15.	Leukaemia, Aleukaemia ...	...	...	...	...	...	...	31	0.58
81	16.	Diabetes ...	...	...	...	...	...	...	35	0.66
1,924	17.	Vascular Lesions of Nervous System ...	...	...	...	...	...	...	829	15.61
2,511	18.	Coronary Disease, Angina ...	...	...	...	...	...	...	1,082	20.37
1,327	19.	Hypertension with Heart Disease ...	...	...	...	...	...	...	141	2.65
1,325	20.	Other Heart Disease ...	...	...	...	...	...	...	571	10.75
838	21.	Other Circulatory Diseases ...	...	...	...	...	...	...	361	6.81
12	22.	Influenza ...	...	...	...	...	...	...	5	0.09
652	23.	Pneumonia (Including that of newborn) ...	...	...	...	...	...	...	281	5.29
747	24.	Bronchitis ...	...	...	...	...	...	...	322	6.06
91	25.	Other Diseases of Respiratory System ...	...	...	...	...	...	...	39	0.73
88	26.	Ulcer of Stomach and Duodenum ...	...	...	...	...	...	...	38	0.72
60	27.	Gastritis, Enteritis and Diarrhoea ...	...	...	...	...	...	...	26	0.49
39	28.	Nephritis and Nephrosis ...	...	...	...	...	...	...	17	0.32
39	29.	Hyperplasia of Prostate ...	...	...	...	...	...	...	17	0.32
5	30.	Pregnancy, Childbirth or Abortion ...	...	...	...	...	...	...	2	0.04
135	31.	Congenital Malformations ...	...	...	...	...	...	...	58	1.09
780	32.	Other defined and ill-defined diseases ...	...	...	...	...	...	...	336	6.33
130	33.	Motor Vehicle Accidents ...	...	...	...	...	...	...	56	1.05
165	34.	All Other Accidents ...	...	...	...	...	...	...	71	1.34
81	35.	Suicide ...	...	...	...	...	...	...	35	0.66
9	36.	Homicide and Operations of War ...	...	...	...	...	...	...	4	0.08

ALL CAUSES ... 5,311

TABLE 3

DEATHS (Corrected for transfers) OCCURRING WITHIN THE YEARS 1964 and 1965  
(Local Figures)

Inter- national Code No.	Cause of death	1965		1964	
		Total	including	Total	including
001-008	T.B. of respiratory system ... ..	10		10	
010-019	T.B. other ... ..	1		2	
020-029	Syphilis and its sequelae ... ..	—		8	
030-039	Gonococcal infection and other V.D. ... ..	—		—	
040-049	Infectious disease in intestinal tract ... ..	—		—	
050-064	Other bacterial diseases ... ..	4		3	
070-074	Spirochaetal diseases (except syphilis) ... ..	—		—	
080-096	Diseases attributed to viruses ... ..	3		3	
100-108	Typhus and other rickettsial diseases ... ..	—		—	
110-117	Malaria ... ..	—		—	
120-138	Other infective and parasitic diseases ... ..	—		2	
140-148	Malignant neoplasm of buccal cavity and pharynx ... ..	22		12	
150-159	Malignant neoplasm digestive organs and peritoneum ... ..	329		345	
151	Malignant neoplasm stomach ... ..		119		103
153	Malignant neoplasm large intestine (except rectum) ... ..		94		84
154	Malignant neoplasm rectum ... ..		36		63
160-165	Malignant neoplasm respiratory system ... ..	238		233	
170-181	Malignant neoplasm breast & genito-urinary system ... ..	235		274	
170	Malignant neoplasm breast ... ..		83		110
171-174	Malignant neoplasm uterus ... ..		42		38
175	Malignant neoplasm ovary, fallopian tube and broad ligament ... ..		28		30
177	Malignant neoplasm prostate ... ..		30		35
180-181	Malignant neoplasm kidney, bladder and other urinary organs ... ..		48		47
190-199	Malignant neoplasm other and unspecified sites ... ..	71		79	
200-205	Neoplasms of lymphatic & haematopoietic tissues ... ..	65		53	
210-229	Benign neoplasm ... ..	6		2	
230-239	Neoplasm of unspecified nature ... ..	4		9	
240-245	Allergic disorders ... ..	21		22	
250-254	Diseases of thyroid gland ... ..	8		1	
260	Diabetes mellitus ... ..	26		26	
270-277	Diseases of other endocrine glands ... ..	—		2	
280-289	Avitaminoses, and other metabolic diseases ... ..	2		4	
290-299	Diseases of blood-forming organs ... ..	12		20	
300-309	Psychoses ... ..	5		8	
310-318	Psychoneurotic disorders ... ..	1		—	
320-326	Disorders of character, behaviour and intelligence ... ..	2		2	
330-334	Vascular lesions affecting central nervous system ... ..	836		813	
331	Cerebral haemorrhage ... ..		275		255
332	Cerebral embolism and thrombosis ... ..		404		381
340-345	Inflammatory diseases of central nervous system ... ..	15		15	
350-357	Other diseases of central nervous system ... ..	30		31	
360-369	Diseases of nerves and peripheral ganglia ... ..	1		—	
370-379	Inflammatory diseases of eye ... ..	—		—	
380-389	Other diseases and conditions of eye ... ..	—		1	
390-398	Diseases of ear and mastoid process ... ..	3		1	
400-402	Rheumatic fever ... ..	4		4	
410-416	Chronic rheumatic heart disease ... ..	70		59	
420-422	Arteriosclerotic and degenerative heart disease ... ..	1,532		1,410	
420	Arteriosclerotic heart disease including coronary disease ... ..		1,090		999
422	Other myocardial degeneration ... ..		423		388
430-434	Other diseases of the heart ... ..	69		79	
440-447	Hypertensive disease ... ..	106		171	
440-443	Hypertensive heart disease ... ..		137		143
450-456	Disease of arteries ... ..	293		292	
460-468	Diseases of veins and other diseases of circulatory system ... ..	54		43	



TABLE 3—continued

Inter- national Code No.	Cause of death	1965		1964	
		Total	Including	Total	Including
470-475	Acute upper respiratory infections ... ..	—		1	
480-483	Influenza ... ..	5		8	
490-493	Pneumonia (4 weeks plus) ... ..	255		249	
500-502	Bronchitis ... ..	311		278	
510-527	Other diseases of respiratory system ... ..	41		35	
530-539	Diseases of buccal cavity and oesophagus ... ..	1		—	
540-545	Diseases of stomach and duodenum ... ..	36		38	
550-553	Appendicitis ... ..	3		2	
560-561	Hernia of abdominal cavity ... ..	8		13	
570-578	Other diseases of intestines and peritoneum ... ..	53		45	
580-587	Diseases of liver, gallbladder and pancreas ... ..	20		37	
590-594	Nephritis and nephrosis ... ..	15		20	
600-609	Other diseases of urinary system ... ..	37		42	
610-617	Diseases of male genital organs ... ..	13		11	
620-626	Diseases of breast, ovary, fallopian tube and parametrium ... ..	1		—	
630-637	Diseases of uterus and other female genital organs ... ..	—		—	
640-649	Complications of pregnancy ... ..	1		1	
650-652	Abortion ... ..	1		—	
660	Delivery with complication ... ..	—		—	
670-678	Delivery with specified complication ... ..	—		—	
680-689	Complications of the puerperium ... ..	—		1	
690-699	Infections of skin and subcutaneous tissue ... ..	1		1	
700-716	Other diseases of skin and subcutaneous tissue ... ..	1		3	
720-727	Arthritis and rheumatism, except rheumatic fever ... ..	12		10	
730-738	Osteomyelitis and other diseases of bone and joint ... ..	7		1	
740-749	Other diseases of musculoskeletal system ... ..	4		4	
750-759	Congenital malformations ... ..	54		46	
760-769	Birth injuries, asphyxia and infections of newborn ... ..	58		44	
762	Postnatal asphyxia and atelectasis ... ..		45		28
763	Pneumonia of the newborn ... ..		8		4
770-776	Other diseases peculiar to early infancy ... ..	32		25	
780-789	Symptoms referable to systems or organs ... ..	11		8	
790-795	Senility and ill-defined diseases ... ..	14		17	
E800-802	Railway accidents ... ..	—		—	
E810-825	Motor vehicle traffic accidents ... ..	62		63	
E830-835	Motor vehicle non-traffic accidents ... ..	—		1	
E840-845	Other road vehicle accidents ... ..	1		—	
E850-858	Water transport accidents ... ..	1		3	
E860-866	Aircraft accidents ... ..	—		—	
E870-888	Accidental poisoning by solid and liquid substances ... ..	5		2	
E890-895	Accidental poisoning by gases and vapours ... ..	12		8	
E900-904	Accidental falls ... ..	30		22	
E910-936	Other accidents ... ..	20		19	
E940-946	Complications due to nontherapeutic medical and surgical procedures ... ..	—		—	
E950-959	Therapeutic misadventure and late complications of therapeutic procedures ... ..	1		2	
E960-965	Late effects of injury and poisoning ... ..	—		—	
E970-979	Suicide and self-inflicted injury ... ..	39		52	
E980-985	Homicide and injury purposely inflicted by other persons ... ..	—		3	
E990-999	Injury resulting from operations of war ... ..	—		—	
TOTALS ...		5,307		5,154	

TABLE 4

## INFANT MORTALITY (Local figures, corrected for transfers)

(Deaths occurring within the Calendar Year 1965)

1964	Cause of Death	1965 Total	First Day	From one day to under one week	From one week to four weeks	Total under four weeks	Total from one month to under twelve months
19	Pneumonia (4 weeks plus) ... ..	18	—	—	—	—	18
4	*Pneumonia (Newborn) ... ..	8	1	1	3	5	3
4	Bronchitis ... ..	2	—	—	—	—	2
1	Gastro-enteritis (Post N/Natal) ...	6	—	—	—	—	6
30	Congenital malformations ... ..	42	5	7	9	21	21
9	*Birth injury ... ..	4	2	1	1	4	—
28	*Post-natal asphyxia, atelectasis etc. ...	45	26	19	—	45	—
—	Other sepsis of newborn ... ..	1	—	1	—	1	—
2	*Haemolytic disease of newborn ...	2	2	—	—	2	—
—	Haemorrhagic disease of newborn ...	3	1	1	1	3	—
10	*Other diseases of early infancy ...	2	—	1	1	2	—
14	*Immaturity ... ..	24	18	6	—	24	—
16	Other causes ... ..	9	1	3	—	4	5
137	TOTALS ... ..	166	56	40	15	111	55
	Rate per 1,000 live births registered 1965 ... ..	21.8	7.4	5.3	2.0	14.6	7.2
	Totals for 1964 ... ..	137	54	23	11	88	49
	Rates for 1964 ... ..	18.2	7.2	3.1	1.5	11.7	6.5
	*Where there has been mention of immaturity 1965 ...	61					
	1964 ...	52					
	Infant Deaths in:— Hospitals ... ..	145					(includes 5 in hospitals outside Bristol)
	Nursing Homes ... ..	Nil					
	Private Residences ... ..	21					

TABLE 5

## INFECTIOUS DISEASES NOTIFIED DURING 1965 (Local figures)

NOTIFIABLE DISEASE	At all ages			Number of cases by age group							Number of cases in each quarter of 1965				
	1963	1964	1965	0-1	1-4	5-14	15-24	25-44	45-64	65+	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	
Erysipelas	...	...	...	21	33	29	—	—	—	6	21	6	10	7	6
Scarlet Fever	...	...	...	120	112	186	1	51	125	6	2	72	47	13	54
Paratyphoid	...	...	...	6	—	3	—	—	—	1	2	—	—	3	—
Meningococcal infection	...	...	...	2	—	1	—	—	—	—	—	1	—	—	—
Pneumonia—Primary	...	...	...	120	96	67	7	9	11	4	21	21	23	11	12
—Influenzal	...	...	...	18	1	—	—	—	—	—	—	—	—	—	—
Infectious Hepatitis	...	...	...	117	133	288	—	23	156	43	46	93	76	44	75
Glandular Fever	...	...	...	119	126	154	—	6	34	101	13	33	62	23	36
Dysentery	...	...	...	849	504	579	20	237	126	54	97	296	185	107	54
Food Poisoning (Confirmed Cases)	...	...	...	240	49	146	11	39	25	27	26	3	50	84	9
Measles	...	...	...	7,249	1,763	5,564	229	3,330	1,989	16	—	2,290	2,556	657	61
Rubella	...	...	...	1,559	287	539	33	188	254	39	25	267	151	67	54
Whooping Cough	...	...	...	332	315	165	13	88	61	2	1	48	38	42	37
Acute Rheumatism (Under 16 yrs.) (confirmed cases)	...	...	...	9	11	33	—	1	32	—	—	5	12	8	8
Ophthalmia Neonatorum	...	...	...	9	4	5	5	—	—	—	—	2	3	—	—
Puerperal Pyrexia	...	...	...	66	54	34	—	—	—	20	14	14	7	3	10



TABLE 6

## TUBERCULOSIS NOTIFICATIONS

				CASES												65 and over
				Sex	At All Ages	Un- der one	1-	5-	10-	15-	20-	25-	35-	45-	55-	
1955—																
Pulmonary Tuberculosis																
New notifications	...	...	...	M	61	—	—	—	—	2	7	12	8	9	13	10
				F	26	—	—	—	—	3	3	2	4	5	4	5
Transfers from other areas	...	...	...	M	18	—	—	—	—	1	2	3	4	4	4	—
				F	8	—	—	—	—	—	1	3	2	2	—	—
Deaths mentioning Tuberculosis, not notified	...	...	...	M	3	—	—	—	—	—	—	—	1	—	1	1
				F	—	—	—	—	—	—	—	—	—	—	—	—
1965—																
Non-pulmonary Tuberculosis																
New notifications	...	...	...	M	5	—	—	—	—	2	—	—	1	—	2	—
				F	7	—	—	—	—	—	1	1	2	3	—	—
Transfers from other areas	...	...	...	M	2	—	—	1	—	—	1	—	—	—	—	—
				F	—	—	—	—	—	—	—	—	—	—	—	—
Deaths mentioning Tuberculosis, not notified	...	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—
				F	1	—	—	—	—	—	—	—	—	—	—	1
New Notifications—																
Pulmonary—																
1964	...	...	...	M	108	—	1	—	2	4	7	22	16	17	20	19
				F	41	—	1	—	1	2	5	8	7	7	6	4
1963	...	...	...	M	97	1	—	2	—	2	11	8	19	22	19	13
				F	45	—	2	1	1	2	9	10	8	7	4	1
1962	...	...	...	M	89	—	3	2	2	4	4	12	14	17	19	12
				F	42	—	4	1	3	5	3	8	9	2	3	4
1961	...	...	...	M	93	—	—	2	2	4	6	16	16	17	21	9
				F	63	—	1	2	2	2	7	15	8	9	10	7
1960	...	...	...	M	141	2	2	4	11	7	7	25	15	27	26	15
				F	57	—	3	3	2	4	11	15	9	4	2	4
1959	...	...	...	M	148	1	1	3	3	8	6	26	21	27	40	12
				F	71	—	1	3	3	11	11	15	14	7	3	3
1958	...	...	...	M	173	—	3	1	7	12	12	27	27	36	34	14
				F	98	—	4	2	5	13	17	21	12	11	5	8
1957	...	...	...	M	187	1	—	4	2	18	16	40	27	34	28	17
				F	114	2	1	2	3	15	24	37	15	10	4	1
1956	...	...	...	M	191	—	4	10	3	15	21	29	21	39	32	17
				F	113	—	4	4	5	16	20	25	19	12	5	3
Non-Pulmonary—																
1964	...	...	...	M	10	—	—	—	—	—	2	3	4	1	—	—
				F	10	—	1	—	—	—	1	4	2	1	—	1
1963	...	...	...	M	5	—	—	—	—	—	—	2	—	1	—	2
				F	16	—	2	1	—	—	3	5	2	1	1	1
1962	...	...	...	M	2	—	—	—	1	—	—	—	—	—	—	1
				F	9	—	1	1	—	—	1	3	2	1	—	—
1961	...	...	...	M	8	1	—	—	1	—	2	—	1	1	1	1
				F	12	—	1	—	1	—	—	3	—	4	1	2
1960	...	...	...	M	10	—	—	—	3	3	—	3	1	—	—	—
				F	17	—	1	2	—	1	3	3	2	1	2	2
1959	...	...	...	M	23	—	2	1	1	2	2	4	3	3	2	3
				F	24	—	1	1	—	3	4	3	2	1	3	6
1958	...	...	...	M	15	—	3	—	1	—	3	4	1	2	1	—
				F	21	—	1	—	1	2	3	7	2	1	—	4
1957	...	...	...	M	13	—	—	1	3	1	1	5	—	—	2	—
				F	23	—	2	3	1	3	1	5	3	2	1	2
1956	...	...	...	M	28	—	2	2	4	1	4	4	3	2	5	1
				F	20	—	—	1	2	1	—	6	3	3	2	2

TABLE 7

## TUBERCULOSIS IN BRISTOL (Deaths)

(Registrar General's corrected figures)

## PULMONARY TUBERCULOSIS—

<i>Year</i>	<i>Sex</i>	<i>At All Ages</i>	<i>Under One</i>	<i>1—</i>	<i>5—</i>	<i>15—</i>	<i>45—</i>	<i>65 and over</i>
1965	M	12	—	—	—	1	1	10
	F	5	—	—	—	—	1	4
1964	M	10	—	—	—	1	5	4
	F	1	—	—	—	—	—	1
1963	M	10	—	—	—	—	4	6
	F	7	—	—	—	2	4	1
1962	M	14	—	—	—	2	8	4
	F	9	—	—	—	1	6	2
1961	M	15	—	—	—	3	7	5
	F	6	—	—	—	3	2	1
1960	M	18	—	—	—	4	10	4
	F	7	—	—	—	1	4	2
1959	M	18	—	—	—	5	9	4
	F	9	—	—	—	1	6	2
1958	M	22	—	—	—	2	9	11
	F	15	—	—	—	4	3	8
1957	M	23	—	—	—	3	9	11
	F	8	—	—	—	4	3	1
1956	M	23	—	—	—	4	13	6
	F	14	—	—	—	8	2	4

## NON-PULMONARY TUBERCULOSIS—

1965	M	1	—	—	—	1	—	—
	F	1	—	—	—	—	—	1
1964	M	1	—	—	—	—	—	1
	F	2	—	—	—	—	1	1
1963	M	1	—	—	—	—	—	1
	F	1	—	—	—	1	—	—
1962	M	2	—	—	—	—	1	1
	F	4	—	—	—	1	2	1
1961	M	2	—	—	—	—	2	—
	F	2	—	—	—	—	—	2
1960	M	2	—	—	—	2	—	—
	F	1	—	—	—	—	1	—
1959	M	3	—	—	—	—	2	1
	F	2	—	—	—	—	—	2
1958	M	4	—	—	—	4	—	—
	F	6	—	1	—	—	3	2
1957	M	2	—	—	1	—	1	—
	F	3	—	—	—	—	1	2
1956	M	5	—	1	1	1	1	1
	F	1	—	—	—	—	—	1

## PULMONARY TUBERCULOSIS

New cases notified in 1965 were the lowest ever recorded. The reduction over 1966 is the largest in a single year for more than 20 years.

Over the past 10 years, new cases have declined by more than 70 per cent. For every 100 new male cases in 1956 there were 32 in the past year and for females the corresponding figure was only 23.

The number of cases on the tubercular register has also been similarly reduced. For every 100 males on the register at the end of 1956 there were 40 at the end of 1965; for females, the fall was more pronounced, there being only 11 in 1965 for every 100 10 years earlier.

## NON-PULMONARY TUBERCULOSIS

The overall decline in new cases notified over 10 years was similar to that of pulmonary tuberculosis although the figures for females were less favourable than for males. The number on the register at the end of 1965 was 324 or 37·2 per cent of the 872 in 1956.

### Vaccination Against Tuberculosis

Routine Heaf testing based on the school year which includes most children at age 13 years revealed a natural tuberculin skin positivity rate of 7·0 per cent during 1965 as compared with 7·8 per cent during previous year. 79 per cent of parents accepted the offer of skin testing and subsequent B.C.G. vaccination where appropriate.

Vaccination against this disease continues to attract the highest acceptance rate of all routine prophylactic procedures.

## FOOD POISONING

Of 146 cases during the year, 116 were due to *Salmonella* Typhi-murium, 110 of which occurred in a single general outbreak so that the total number of incidents was the same as the previous year, namely 33, despite the total increase in cases from 49 to 146. Details are shown in the following table:—

<i>Agent</i>	<i>General Outbreaks</i>	<i>Family Outbreaks</i>	<i>Sporadic Cases</i>	<i>All Incidents</i>	<i>All Cases</i>
<i>Salmonella</i> Typhi-murium ...	1	—	6	7	116
<i>Salmonella</i> Heidelberg ...	—	1	6	7	8
<i>Salmonella</i> Indiana ...	—	—	8	8	8
<i>Salmonella</i> Brandenburg ...	—	1	3	4	5
<i>Salmonella</i> Bovis ...	—	1	—	1	3

There was only one case each of *Salmonella* Thompson, *Salmonella* St. Paul, *Salmonella* Remo, *Salmonella* Bredeney, *Salmonella* Bareilly, *Salmonella* Newport.

The general outbreak was attributed to *Salmonella* Typhi-murium phage type 32. The cases forming the outbreak occurred between the 20th May and the 1st October. The source of the organism was traced to an abattoir just outside the city boundary and many positive isolations were made from these premises and also from a pond in the field adjacent. Meats from this abattoir had been distributed amongst many butchers within and outside this City including the School Meals Service and local hospital kitchens. The estimated number of consumers at risk is unknown but must have been large and probably many mild unnotified cases occurred also.

There was no confirmed case of typhoid fever during the year, but three persons returning from holidays were notified as suffering from paratyphoid fever.

There were no reported cases due to the heat-resistant toxins of *Cl. Welchii* or taphylococci, nor were there any deaths from food poisoning or enteric diseases.

## **WHOOPING COUGH**

The incidence of whooping cough in 1965 was little more than half of that in the preceding two years, probably due to improved vaccine.

## **COMBINED IMMUNISATION**

Immunisation against diphtheria, tetanus and whooping cough was at a somewhat higher level than in the previous year and it is calculated that seven out of 10 children under five years of age have been protected against these diseases. The number of immunisations undertaken by general practitioners was about 42 per cent compared with 44 per cent in the preceding year. Full figures are shown in Table 8.

TABLE 8

## IMMUNISATION AGAINST DIPHTHERIA, TETANUS AND WHOOPING COUGH

(By age at time of inoculation)

		1965				1964						
		Under 5 yrs.	5-14 yrs.	Total under 15 yrs.	Administered by Local Auth'y.	G.P.	Under 5 yrs.	5-14 yrs.	Total under 15 yrs.	Administered by Local Auth'y.	G.P.	
Diphtheria (whether combined with others or not)												
Primary Course	...	...	5,642	125	5,767	3,337	2,430	5,394	83	5,477	3,063	2,414
Booster	...	...	3,052	2,014	5,066	3,074	1,992	2,367	1,786	4,153	2,610	1,543
Whooping Cough (combined or not)												
Primary Course	...	...	5,578	79	5,657	3,273	2,384	5,333	73	5,406	3,000	2,406
Booster	...	...	2,785	1,330	4,115	2,383	1,732	2,232	1,374	3,606	2,219	1,387
Tetanus (combined or not)												
Primary Course	...	...	5,658	253	5,911	3,375	2,536	5,404	336	5,740	3,201	2,539
Booster	...	...	3,068	2,119	5,187	3,107	2,080	2,383	1,953	4,336	2,689	1,647

**POLIOMYELITIS**

There has been no case of poliomyelitis in Bristol since 1961.

The immunisations undertaken during the year are shown in Table 9 and from a survey undertaken during 1965 it is calculated that approximately 70 per cent of children under five are protected against this disease.

**TABLE 9**

*Under 5 years    5 yrs. & under 15    Total*

Primary Course	...	5,397	1,020	6,417
Booster Dose	...	333	795	1,128

**SMALLPOX VACCINATION**

Although smallpox vaccination has always been very much lower than other immunological procedures the number of children protected in 1965 was markedly higher than in previous years.

**TABLE 10**

<i>Age at time of vaccination</i>	<i>1965</i>		<i>1964</i>	
	<i>Primary</i>	<i>Revaccination</i>	<i>Primary</i>	<i>Revaccination</i>
Under one year	202	—	228	—
One year	1,975	—	494	—
Two — four years	728	38	214	4
Five — fourteen years	272	151	180	65
Totals	3,177	189	1,116	69

**ACTIVE IMMUNISATION AGAINST ANTHRAX**

About 10 cases of anthrax, which are notifiable to Her Majesty's Inspector of Factories, occur annually in England and Wales. This is equivalent to approximately one case in 10 years in a City the size of Bristol.

In September 1965, the Minister of Health gave his approval under Section 263 National Health Service Act, 1946, to local health authorities who wish to make vaccine available against anthrax. At the same time, the Ministry of Labour circulated factories whose employees were considered to be at some special risk, to inform them of the availability of the vaccine.

Corporation employees in some departments who are at slightly increased risk of anthrax have been offered vaccine, and arrangements for registered dock workers are in hand. In addition local general practitioners have been advised that vaccine can be obtained from the Dispensary at Central Health Clinic if required.

**VIRUS INFECTIONS**

**Prevalent Respiratory Infections**

During the winter months para influenza virus types 1, 2, 3 and 4 were isolated on 16 occasions. The infection presented clinically as "croup" in children aged between six months and two years.

There were two episodes of influenza A and B infection in an independent day and residential school. There were 10 isolations of respiratory syncytial virus. The clinical features were broncholitis in babies under the age of one year during the winter months.



Infections with Coxsackie Virus

Virus was isolated from 97 patients, of whom 55 were males and 42 females. The infection occurred at all ages but was found mainly in children and young adults. The age distribution is shown in the table:—

Age in years	...	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51+
Number of patients		19	23	6	8	4	20	8	2	1	1	4

Symptomatology

The pain which can be very severe and sudden in onset, was a prominent feature in 54 cases, and was the sole complaint in 32 patients. The characteristic pain was spasmodic and located to the costo-diaphragmatic border. Deep breathing was painful, and in the severe cases limited respiration which became shallow and rapid; unilateral pain was not uncommon. The myalgia was referred to the chest (32), abdomen (17), shoulder (4), back (7) and the limbs (4). 15 patients complained of generalised muscular pains.

Headache as the presenting symptom of an aseptic meningitis was noted in 47 instances and many of these patients were admitted to hospital. A moderate fever was the rule; it is often intermittent and may not be present at the time of examination.

The sudden onset of pain in the chest may stimulate coronary occlusion or pneumonia. Myocarditis or pericarditis was the clinical diagnosis in five cases:—

The final clinical diagnosis	...	97 cases
Aseptic meningitis alone	...	31 "
Myalgia alone	... ..	32 "
Aseptic meningitis and myalgia		18 "
Pharyngitis	... ..	7 "
Gastroenteritis	... ..	4 "
Pericarditis and myalgia	...	3 "
Myocarditis and myalgia	...	1 case
Myocarditis	... ..	1 "
Other symptoms		
Sore throat	... ..	21 cases
Diarrhoea	... ..	7 "
Cough	... ..	6 "
Other respiratory symptoms		14 "

INFECTIOUS HEPATITIS

Cases known and confirmed, with date of onset in 1965:—

Pre-school children, aged 0-4	...	23
School children, aged 5-10	...	108
aged 11-15	...	48
Total children, 0-15 years	...	179
Adults, 16 and over	... ..	109
Total		288

Comparison with previous years:—

Year	Children	Adults	Totals
1961	738	222	960
1962	183	105	288
1963	38	74	112
1964	63	64	127
1965	179	109	288

As in previous years the great majority of the cases were in children of school age.

**RUBELLA**  
**CASES NOTIFIED 1965**

<i>Age Group</i>	<i>Males</i>	<i>Females</i>
Under 1	15	18
1—2	27	23
2—3	20	26
3—4	26	21
4—5	30	15
5—10	96	110
10—15	16	32
15—20	12	15
20—25	2	10
25—35	3	16
35—45	—	6
	<hr/> 247	<hr/> 292

Total ... 539      Comparison with 1964 ... 287      1963 ... 1,559

Three pregnant women contracted rubella—one in the first trimester and two between four and seven months of pregnancy. The first trimester case was terminated and the other two had normal babies.

Twenty-seven pregnant women were contacts of cases of rubella in the household. The exposure and outcome was as follows:—

<i>First Trimester</i>	<i>Four to seven months</i>	<i>Seven months and over</i>
7	8	12
4 were given Gamma Globulin Babies all normal	1 premature birth (28 weeks) 1 miscarriage (24 weeks) Others normal	All normal

**GLANDULAR FEVER (Infective Mononucleosis)**

*Numbers according to sex and age*

	<i>Ages 0—10</i>	<i>11—20</i>	<i>21—30</i>	<i>Over 30</i>	<i>All Ages</i>
Male ...	16	44	21	1	82
Female ...	10	52	8	5	75
	<hr/> 26	<hr/> 96	<hr/> 29	<hr/> 6	<hr/> 157

Comparison with 1964 ... 126      1963 ... 119

As reported in the annual reports recently, a special epidemiologic study is in progress in this City. Every case of glandular fever notified between November 1962 and June 1965 has been fully investigated personally by a medical officer who was employed in the department until 1963 and is now employed by the University Department of Public Health. The information obtained in this survey is now being analysed and it is planned to follow up all these patients in the near future. Although the characteristic features of the disease in the acute stage are fairly well defined, little is known of the prognosis and it is felt that this second stage of inquiry will be most important.

It will be observed that the number of cases reported annually is now nearly twice as great as it was in 1960/61, but it is not felt that this represents a true increase in incidence. The increase occurred shortly after the special investigation was mounted and is thought to be due to an increased awareness of the condition among general practitioners.



## FOREIGN TRAVEL CLINIC — 1965

During the year 2,228 people paid 3,552 visits to the Foreign Travel Clinic. Included amongst these were 203 children from six City schools who were going abroad on organised visits.

One third of all attenders were holiday-makers and 29 per cent were embarking on journeys in connection with business. Almost one in six was an emigrant—a proportion that has been steadily increasing over the past four years. The balance of 21·6 per cent comprised mainly families accompanying a businessman or going to join service personnel overseas.

Travel by air was recorded in 61·4 per cent of the cases but it should be stressed that many of the journeys in the business category were by seamen who received yellow fever vaccination prior to visits to foreign ports. Air travel amongst the holiday group was 53·4 per cent.

Yellow fever vaccinations, singly or in combination, totalled 1,142, rather more than half of the total. Less than 1,000 smallpox vaccinations were done at the Clinic.

Vaccinations against smallpox and cholera, may of course, be given by general practitioners but the certificates are required to be counter-signed in this department. During the year 4,886 smallpox vaccination certificates were so authenticated together with 725 cholera certificates. Thus, the general practitioners dealt with five times the number who came to the Foreign Travel Clinic for smallpox vaccination.

# METEOROLOGICAL RECORDS 1965

	Air Temperature (°C)				No. of ground frosts	Rainfall (")		Sunshine (Hours) Percent of Daily Mean Average	Soil Temperature at 0900 G.M.T.							
	Means A	Means B	Means of A & B	Diff. from normal		Max.	Min.		Total	Percent of Average	Most in a day	4"	8"	24"		
January	...	6.7	1.7	4.2	-0.5	12	-4	22	3.98	85	0.98	2.21	74	3.2	3.7	4.9
February	...	6.2	0.6	3.4	-1.4	8	-6	20	0.08	3	0.04	1.34	56	2.7	3.3	4.4
March	...	10.3	2.1	6.2	-0.4	22	-8	20	1.88	82	0.37	4.60	131	4.7	4.8	5.6
April	...	12.8	4.3	8.6	-0.1	18	0	14	1.31	58	0.31	5.06	97	8.2	8.1	8.9
May	...	15.9	7.4	11.7	0	26	1	5	2.85	115	0.72	5.53	83	12.1	11.7	12.4
June	...	18.7	10.1	14.2	-0.5	24	4	2	3.43	158	0.72	6.05	86	15.3	14.4	15.3
July	...	18.6	10.8	14.7	-1.7	22	5	2	5.10	165	1.11	4.21	73	15.7	15.6	16.7
August	...	19.9	11.2	15.6	-0.5	26	6	0	2.09	57	0.41	6.72	124	15.8	15.9	17.2
September	...	16.4	8.6	12.5	-1.4	21	3	6	3.78	117	0.82	3.76	87	12.6	12.9	14.9
October	...	15.4	7.4	11.3	+0.7	22	2	10	0.74	20	0.30	3.30	102	10.8	11.3	12.8
November	...	8.6	2.3	5.4	-1.1	15	-6	18	3.54	98	0.69	2.77	145	5.4	6.2	8.0
December	...	9.0	2.7	5.8	+2.0	14	-6	16	8.33	233	1.24	2.35	161	4.9	5.4	6.3
Totals or means		13.2	5.7	9.5	-0.6	—	—	135	37.11	99	—	4.04	99	9.3	9.4	10.6

# VENEREAL DISEASE

A. E. Tinkler, M.A., M.D., D.P.H.

(Consultant Venereologist, South Western Regional Hospital Board)

The total number of new cases seen at the Bristol Venereal Disease Clinics continues to rise. In 1965 the percentage increase of new patients was greater than for any previous year since the war.

TABLE 1

NEW CASES — ALL CONDITIONS — BRISTOL CLINICS, 1959—1965

			<i>All Cases</i>	<i>Bristol Residents</i>
1959	...	...	2,280	1,664
1961	...	...	2,967	2,277
1963	...	...	2,968	2,448
1965	...	...	4,404	3,635

## SYPHILIS

Although the total number of new cases of syphilis seen in the clinics of England and Wales is still very small, the incidence has more than doubled in the past few years. In Bristol the year 1965 was quite unique in the history of this disease in the City. For the first time since records have been kept, not a single case of early infectious syphilis in male or female was seen at any of the Bristol clinics, excluding Avonmouth. At the Avonmouth clinic six primary, one secondary and nine early latent cases were seen. These all occurred amongst seamen, mostly foreign, and all 16 of these infections were acquired abroad.

TABLE 2

NUMBER OF NEW CASES OF SYPHILIS SEEN AT BRISTOL CLINICS, 1959—1965

			<i>Early Syphilis</i>	<i>All Cases Late Syphilis</i>	<i>Total</i>	<i>Early Syphilis</i>	<i>Bristol Residents Late Syphilis</i>	<i>Total</i>
1959	...	...	26	7	33	10	6	16
1961	...	...	12	25	37	4	20	24
1963	...	...	31	33	64	14	28	42
1965	...	...	16	8	24	Nil	8	8

## GONORRHOEA

The incidence of gonorrhoea continues its inexorable rise.

TABLE 3

INCIDENCE OF GONORRHOEA — BRISTOL CLINICS, 1958—1965

			<i>Male</i>	<i>Female</i>	<i>Total</i>
1958	...	...	295	59	354
1960	...	...	499	176	675
1962	...	...	429	148	577
1964	...	...	435	171	606
1965	...	...	543	337	880

The incidence of gonorrhoea in Bristol in 1965 considerably exceeded the highest figure reached in any of the peak war years and showed an alarming increase of 45 per cent over the 1964 incidence.

Promiscuous female patients who remain undiagnosed and untreated constitute the reservoir of infection of the venereal diseases, hence the extreme importance of effective contact tracing. The 1965 figures for Bristol might therefore seem to suggest some failure in the contact tracing procedure and effort. That this is not the explanation for the very disturbing increase in Bristol is clearly shown by the very high proportion of female patients treated in the Bristol clinics. In cities of comparable size in England and Wales the male/female ratio of such patients is over 3 to 1 whereas in Bristol this ratio in 1965 was 1.5 to 1. This remarkably high proportion of female patients must have played a very significant part in limiting the spread of gonorrhoea in Bristol and is directly attributable to the excellent social and contact tracing work of Miss Gwynneth Stinchcombe who was in charge of the social side of this service until her recent retirement. It is with great pleasure that we record her notable contribution to the public health and welfare of this City.

The two main sociological problems associated with the venereal diseases show no sign of abating, viz: the high proportion of immigrant patients and the ever increasing proportion of young persons requiring treatment. An analysis of the very high figures for gonorrhoea shows that 50 per cent of the male patients treated at the Maudlin Street Clinic are immigrants.

**TABLE 4**  
**GONORRHOEA MALES : MAUDLIN STREET CLINIC**  
**PERCENTAGE OF IMMIGRANT PATIENTS**

			<i>West Indian</i> %	<i>Other Nationals</i> %	<i>Total Immigrants</i> %
1958	...	...	18	10	28
1960	...	...	46	8	54
1962	...	...	47	16.5	63.5
1964	...	...	27.25	16	43.25
1965	...	...	33	17	50

**VENEREAL DISEASE IN YOUNG PERSONS**

With regard to the proportion of teenage patients suffering from gonorrhoea, this is a particularly disturbing problem amongst female patients. Amongst male patients however, neither the proportion of the total nor the actual number of teenagers increased significantly in 1965. This is very far from being the case for female patients. The total number of female cases doubled in 1965; of these 12.5 per cent were in the '17 or under' age group and 22.6 per cent in the '18-19 year' age group. Thus 35 per cent of all female patients treated for gonorrhoea in the Bristol Clinics in 1965 were under the age of 20 years.



# MATERNAL AND CHILD WELFARE SERVICE

Sarah Walker

(Senior Medical Officer, Maternal and Child Welfare Service)

Bristol mothers gave birth to 7,600 live babies in 1965, a live birth rate of 17·6 compared with 17·4 in 1964. The still-birth rate was 15·5 per 1,000 live—and still-births (12·2 in 1964); the neo-natal death rate was 14·5 per 1,000 live births (11·8 in 1964); the perinatal death rate was 27·8 per 1,000 live and still-births (22·5 in 1964); and the infant mortality rate was 21·6 (18·4 in 1964). The record low mortalities experienced in 1964 were unfortunately not maintained. When dealing with comparatively low numbers, a few more still-births and infant deaths in certain categories will produce a significant rise in the mortality rates. The matter is to be carefully followed up and the cases looked at in detail in an endeavour to see if there are preventible factors involved.

There were two maternal deaths during the year, the same number as in 1964. One was a mother aged 29 having her second baby; she died of bronchopneumonia and severe pre-eclamptic toxæmia. The other was an unmarried woman aged 20, who died of renal failure—the result of an abortion; a coroner's inquest found insufficient evidence to show how the abortion was brought about.

While there was a slight improvement in 1965, as shown in the following table, in the number of expectant mothers seeking earlier ante-natal care, we should not be satisfied until all mothers come under medical care in the first two months of pregnancy.

## STATE OF PREGNANCY AT FIRST ATTENDANCE AT CITY ANTE-NATAL CLINICS IN 1965

(Corresponding figures for 1964 recorded in brackets)

<i>Time of 1st attendance</i>	<i>No. of expectant mothers</i>		<i>Percentage attendance</i>	
1—8 weeks	480	(467)	6·4	(6·1)
8—12 "	2,017	(2,008)	26·9	(26·1)
12—16 "	2,232	(2,236)	29·9	(29·1)
16—24 "	1,944	(2,022)	25·9	(26·2)
24—28 "	397	(469)	5·3	(6·1)
After 28 "	407	(498)	5·4	(6·5)

In 1965, 5,791 births to Bristol mothers took place in hospital (77·4 per cent) and 1,687 at home (22·6 per cent). Planned early discharge continues to rise as shown in the following table:—

<i>Early Discharges</i>	<i>1965</i>	<i>1964</i>
1st—3rd day inclusive	980	869
4th—6th day "	659	618
7th—9th day "	1,332	1,206

Delivery in a hospital maternity unit and return home early for nursing appeals to a majority of mothers. The main criticism of such a scheme is lack of continuity of care by the same attendants—although every effort is made, under present circumstances, to mitigate this disadvantage by ensuring that the mother likely to come home early is visited on a number of occasions before her confinement, by the domiciliary midwife, and is in most cases receiving her pre-natal care from her own doctor.

A small medical sub-committee has been set up to consider the possibility of a short stay delivery unit attached to one of the main maternity hospitals where the mother would be attended at delivery by her own doctor and domiciliary midwife and then return home with her baby for nursing care. Full stay in hospital will, of course, continue to be essential for those where home circumstances are unsuitable or for medical or obstetric reasons.

1965 saw the introduction of the new nitrous oxide and oxygen machines for use by domiciliary midwives, produced after several years of research. As soon as these became available, the Health Committee agreed to purchase the new apparatus to replace the existing nitrous oxide and air machines.

The Department, through the existing post-natal service, has for very many years provided contraceptive advice for medical reasons. It has been our experience that a number of women fail to take up or follow the advice given, because the usual methods are either unacceptable or too difficult for some to manage. As an extension of the existing service, a special session for fitting the intra-uterine contraceptive device was started at the end of 1965, under the clinical direction of Mr W. B. Wingate, consultant obstetrician and gynaecologist. Already this provision is proving to be a very useful development.

The appointment of two Welfare Assistants, each working under the direction of a Health Visitor for special families, and undertaking practical work with families, has proved a worthwhile extension of the service. Two more are to be appointed to complete the team.

Two very valued members of the staff left the Department during the year. Dr. Marjorie Mair left on her marriage and departure from Bristol; she had been responsible for the evening ante-natal clinic for unmarried mothers and for the medical care of mothers and babies at our Snowdon Road Home. Miss Clueit, Deputy Supervisor of Midwives and Tutor for Part II domiciliary training of pupil midwives, left to become Supervisor of Midwives for Plymouth.

## **DOMICILIARY MIDWIFERY SERVICE**

(Miss W. A. Outram — Non-medical Supervisor of Midwives)

The domiciliary midwives delivered 1,687 babies at home during 1965. The number of home confinements represents only a proportion of the work undertaken by the midwives: they also care for a considerable number of mothers and babies who have had a hospital confinement and who are discharged home for nursing care within two to three days of delivery. Arrangements for early discharge are carefully planned in advance during the pre-natal period, with a further check immediately prior to discharge from hospital; the success of the scheme is due to the close liaison which is maintained with the general practitioners and the hospitals concerned.

Care of a mother-to-be during pregnancy is as important as her care during labour and afterwards, and our midwives are greatly concerned with giving good ante-natal care, both in the clinics and by visits to the homes. The teaching of parentcraft is another important responsibility. Classes are given in all the main clinics by the midwives, health visitors and physiotherapist, thus the expectant mother is given advice and reassurance by explanation and preparation for childbirth and the early care of her baby.

During the year the midwives were provided, as soon as it became available, with the latest and most safe form of analgesia, namely gas and oxygen, which replaces gas and air. This new equipment—the 'Entonox' machine—is extremely simple and easy for the patient to use and has the special advantage of being entirely safe for the baby.

The City Domiciliary Midwifery Service is responsible for the training of approximately 72 pupil midwives during the year. Some of the nurses are trained entirely with the district midwife for six months and others have a period of three months at the Bristol Maternity Hospital before coming on to the district. The State examination results on completion of training are very good; the pupils who trained for six months entirely on the district were 100 per cent successful.

In August, Miss H. Clueit, Deputy Supervisor and Tutor, left to take a senior appointment in Plymouth. We would like to record our appreciation of her excellent work in the Department. In September we were pleased to welcome as her successor Miss B. Lloyd, who, a few years ago, was a domiciliary midwife, and now rejoins our staff.

Medical and nursing personnel from other parts of Great Britain and from overseas continue to visit and show interest in the service provided for Bristol mothers and babies; comment is frequently made regarding the special care of premature babies given in the home by the two midwives engaged in this work.

Student nurses from Bristol hospitals spend a day with a district midwife and see for the first time mothers and babies being cared for in their homes and in the clinics. The nurses show great interest and are enthusiastic at this glimpse of the City Health Service.

The domiciliary midwifery service continues to enjoy a close link with the hospital midwifery services, this mutual co-operation being essential in the interest of all mothers and babies in the City.

## **TUB-FERTILITY CLINIC**

Dr. Norma Boxall and Dr. George Foss act respectively as medical officers to the female and male sections of this Clinic. Mr. Fisher of Professor Lennon's Department is consultant to the female clinic; his help and that of Mr. Slade, consultant surgeon, and Dr. Pollard, consultant pathologist, is greatly appreciated.

### **Female Clinic**

Dr. Norma Boxall gives the following details of the work undertaken during the year:—

New patients ... ..	247	(239 in 1964)
Attendances of old patients ...	1,206	(1,230 in 1964)
Pregnancies reported ... ..	76	(90 in 1964)
Cases of marital difficulty ...	33	(37 in 1964)

The number of new patients has again risen but subsequent attendances have fallen—due to our endeavour to discharge patients as soon as the practical investigations are finished, and due to the earlier cases of tuberculosis having now reached the end of their five year follow-up with a decline in new cases.

Cases of marital difficulties have continued to be an important part of the work and the majority are only helped by encouraging them to attend over a long period



at frequent intervals; an example of this occurred recently when a young woman overcame her difficulties and became pregnant after attending the clinic for more than two years.

In 1964 no new cases of pelvic tuberculosis were discovered, but this year there have been two—one of the endometrium and one tubal—showing the need for continued vigilance.

Heaf tests have been substituted for routine chest x-rays in the under 25-year olds. Smears for cervical cancer tests are taken from women aged 35 years or older.

Mr. Fisher is carrying out hormone assays on urine from cases of early pregnancy—at no other clinic are pregnancies reported so early. In this way it is hoped to detect deficiencies early enough to prevent miscarriages due to this cause.

### **Male Clinic**

Dr. G. L. Foss reports. During this last year, to February 28th, 1966, 103 new cases have been seen—73 referred by their own doctors, 21 by Dr. Boxall and nine by consultants. 82 of these were referred for possible sub-fertility, and investigation has shown euspermia in 20, azoospermia in 12 and oligozoospermia and/or poor motility in 50.

Twenty-one cases were complaining of functional difficulties, such as impotence, marital disharmony, absent orgasm, ejaculatio precox or general ignorance of sex function.

### **Sub-fertility**

In addition to seminal assessment by Dr. Pollard, testicular biopsies and recordings of rectal-scrotal temperature differentials have been carried out by me at the Bristol General Hospital in 31 cases.

Twenty-two cases were found to have varicoceles, and are awaiting treatment by the G.U. surgeons.

In addition to investigation and treatment of this last year's cases, many of the previous year's patients are still under observation and treatment.

### **Clomiphene**

Fifteen cases of gross oligozoospermia and/or poor motility, or azoospermia, have been given Clomiphene as part of a research project for Merrell Laboratories, who have supplied the material, in addition to a gas chromatograph for use in the Biochemistry Department at the Bristol Royal Infirmary, for measurement of blood testosterone.

Treatment with various dosage levels and for varying times has been given, according to the response. Undoubtedly in some cases there has been an improvement in sperm density, but more particularly motility is benefited. The response only seems to be of temporary nature. No wives have become pregnant as a result yet.

In one case of Klinefelter syndrome with a 47 XXY karyotype, which on biopsy showed small areas of spermatogenesis in the testicle, Clomiphene stimulated the production of live sperm in the semen, with on one occasion 50 per cent motility. This unusual and rare result is being reported at the annual conference of the Society for the Study of Fertility at Cambridge in July. Meanwhile, in collaboration



with Dr. Loraine of Edinburgh Clinical Endocrinological Research Department, a study of his full hormone patterns in daily urine collections for a month (before, during and after treatment with Clomiphene) is being conducted.

Considerable collaboration of these patients treated with Clomiphene is necessary, as seminal analyses are made at intervals of one or two weeks, and 24-hour collections of urine for 17-oxosteroids and samples of blood for testosterone estimation are obtained every two to four weeks, before and during treatment; and they are followed up for at least three months afterwards.

### **Hyperthermia**

Another interesting and relatively simple method of treatment for cases of impaired fertility, with a moderate degree of oligozoospermia and reduced motility, is the application of hyperthermia to the testes.

It has been known for many years that the application of heat to the testes reduces spermatogenesis. A temperature of 45°C applied to the testes for half an hour on six alternate days will decrease the sperm count after 11—112 days. A similar effect is achieved by insulating the scrotum and keeping the scrotal temperature the same as the body temperature for six to 14 weeks by wearing insulated underwear. Rock (1965) has reported that when spermatogenesis was resumed in 20 oligozoospermic patients, there was a rebound effect in about 50 per cent about eight weeks after cessation of hyperthermia, to higher levels than before treatment; and the wives of some of these men had normal pregnancies.

For some time I have been working on a scrotal insulating bag of moulded polystyrene, which is almost ready for trials. Also, with the collaboration of the Physics Department at the Bristol General Hospital, an accurate thermostatically controlled water bath is being developed, to apply hyperthermia of 45°C to the testes. The application of hyperthermia by these two methods can thus be used for possible treatment of oligozoospermia, but its more important function will be that of male contraception, and a male contraceptive clinic using these methods is a practicable consideration in the not too distant future.

### **Impotence**

Although in many cases there is an undoubted psychogenic origin, I have been surprised to find subnormal levels of 17-oxosteroids in the urine in six cases, and treatment of these with very large doses of a long-acting testosterone ester in oil by injection once a week has had spectacular results, with return to normal function.

## **CHILD HEALTH AND WELFARE SERVICE**

Advice on the health and welfare of young children continues to be one of the most important functions of the Health Visiting Service.

In addition to general counselling, the health visitors are trained to assess the development of babies and young children and to carry out certain routine screening procedures—namely tests for phenylketonuria, congenital dislocation of the hip, and routine tests for hearing of babies.

During the year, the first positive case of phenylketonuria was detected by a routine test in a baby of five weeks old. This is the only confirmed case out of approximately 26,250 births since November 1961, when routine tests for phenylketonuria were first introduced in the City.

Under the direction of Dr. David Burman, the Department is co-operating in a study of iron deficiency anaemia in infancy. The aims of this study are:—

1. to determine how common anaemia is in infancy;
2. to see if it can be prevented by a small dose of iron each day;
3. to see if preventing anaemia affects growth or the incidence of illness.

The study involves attendance of the babies in the Enquiry at Child Welfare Centres to watch their progress and to carry out periodic haemoglobin estimations and also home visits by health visitors to obtain information regarding incidence of any illnesses in the babies.

Although most of the medical work in Child Welfare Clinics is still provided by full-time and sessional medical officers of the Department, there are now 34 general practitioners who undertake this work on behalf of their own patients—in our clinics.

During the year, a new branch Child Welfare Clinic was opened at the Hall of the Church of Christ the Servant, Stockwood, to meet the need of this rapidly expanding area. The newly built Corbett House Clinic took over the maternity and child welfare sessions previously covered by Verrier Road and Barton Hill Clinics. The child welfare clinic held at Frenchay Hospital transferred to Begbrook Primary School; Avonmouth Clinic to the new Parish Church Hall; and Sea Mills from the old to the newly built Church Hall. All these moves have been to premises offering excellent conditions and facilities for our work.

## THE YOUNG CHILD UNDER FIVE WITH CONGENITAL AND ACQUIRED ABNORMALITIES

(Dr. M. D. Gibson, Deputy Senior Medical Officer, Maternal and Child Welfare Section)

Dr. Gibson reports. The Abnormality Register, now in its fifth year, was transferred to a Roneodex Visible Index system during 1965.

This has made it very easy to see at a glance

1. if any condition or group of conditions is increasing in number; and
2. that children with defects and their parents receive the help that may be needed in their care, both in their homes and in the community.

It is a matter of concern that eight children with some degree of "reduction" deformities were born in the City during the year—in none of these was it possible to be sure whether the mother had taken any known harmful drugs during pregnancy. This is the highest number born in Bristol in any year since 1962–63—the "thalidomide" year.

The scheme for the notification to Medical Officers of Health of congenital defects apparent at birth, continues to work moderately well in Bristol as will be seen from the figures in the following table:—

# CONGENITAL ABNORMALITIES POTENTIALLY DETECTABLE AT BIRTH

	Number of Children		Number notified to
	Male	Female	M.O.H. at birth
<i>Central Nervous System</i>			
Anencephalus ... ..	4	16	20
Encephalocele ... ..	1	1	2
Microcephaly ... ..	1	1	—
Spina Bifida ... ..	6	6	10
Hydrocephalus ... ..	7	6	7
<i>Cardio Vascular System</i>			
Tetralogy of Fallot ... ..	2	—	4 notified as congenital heart disease
Patent Inter auricular & Ventricular Septa ...	8	7	
Other ... ..	22	22	
<i>Alimentary System</i>			
Cleft lip ... ..	6	1	6
Cleft palate ... ..	9	1	6
Tracheo oesophageal fistula/atresia/stenosis ...	3	—	2
Intestinal Atresia ... ..	—	3	—
Rectal and Anal Atresia ... ..	3	2	2
<i>Respiratory System</i>			
Defects of larynx ... ..	4	2	—
Defects of lung ... ..	1	1	—
<i>Urogenital System</i>			
Renal agenesis ... ..	1	2	1
Obstructive defects of urinary tract ... ..	1	—	—
Hypospadias, epispadias ... ..	9	—	9
Defects of female genitalia ... ..	—	2	1
<i>Skeletal System</i>			
Reduction Deformities of limbs ... ..	4	4	4
Polydactyly ... ..	2	2	4
Syndactyly ... ..	6	2	2
Congenital dislocation of hip ... ..	14	32	14
Talipes ... ..	19	17	19
<i>Eye, Ear</i>			
Cataract ... ..	1	1	—
Other defects of eye including Buphthalmos ...	4	3	—
Defects of ear causing deafness ... ..	1	—	—
Accessory Auricle ... ..	3	2	2
<i>Other Malformations</i>			
Cyclops ... ..	—	1	1
Mongolism ... ..	4	10	5
Other Specific Syndromes ... ..	2	—	2
Other defects of face and neck ... ..	3	2	—
Defects of muscle ... ..	—	1	—
Defects of hair, nails, teeth ... ..	—	1	1
Exomphalos, omphalocele ... ..	2	—	1

The total number of abnormalities (many of which were not apparent at birth) registered up to 31.12.65 was 398—these were divided among 318 children—164 boys and 154 girls. The total number of deaths of children with abnormalities born in 1965 and dying before 31.12.65 was 53—21 boys and 32 girls. Of these 17 boys and 16 girls died in the neo-natal period. Four boys and 16 girls with abnormalities were stillborn.



### Hearing and Speech Centre

During 1965 the work of the Hearing Assessment Clinic was similar to that in previous years. A major change which occurred during the year was the move from the Institute of the Deaf to more spacious premises at 8-9 Clifton Hill. These have been specially adapted for hearing assessment in its various aspects. Four of the rooms have been sound-proofed for the use of audiometricians, teacher of the deaf and medical officers. The main medical examination room has been fitted with a one way vision screen and a microphone, to facilitate the examination of disturbed and difficult children. This is useful at the full conference when the child is observed by the team, without being distracted by the presence of too many people in the room.

The speech clinic and the psychologist who works with both speech and hearing teams, are also accommodated in the same premises. This has proved to be a very satisfactory arrangement, as the work of speech development and hearing assessment are closely linked and frequent discussions and consultations between the teams are necessary. This enables appointments for speech and hearing examinations to be made on the same day and cuts down the need for repeated attendances at clinics by the mothers. This is appreciated by them. Since moving from the Institute of the Deaf to Clifton, the name of the clinic has been changed from Hearing Assessment Clinic to the Hearing and Speech Centre, which appears to be more acceptable to the parents. This has been apparent by improved attendances.

There have been no changes in the team, which consists of: the ear, nose and throat consultant, Mr. R. K. Roddie; two medical officers, Dr. H. M. Gibb and Dr. J. E. K. Kaye; the teacher of the deaf, Miss S. M. Bullock; the psychologist, Mr. G. W. Herbert, who is now being assisted by Mr. G. R. King. Mr. R. D. Williams, the headmaster of Elmfield School for the Deaf, is invited to advise on the educational placement of certain children.

The number of sessions has been increased from three to five per week. One of these sessions is a consultant session when the full team meets, and another has been used mainly for the training of health visitors in routine screening of hearing in infants and young children. All the health visitors on the staff have now been trained. In future only newly appointed health visitors and health visitor students will require training.

Auditory training has been on the same lines as the previous year, when individual help has been given to children with seriously impaired hearing.

Figures relating to the work done at the Centre during 1965 are given at the end of this section under Maternal and Child Health Statistics.

### Unit for children with delayed speech

This unit has been operating at St. James and St. Agnes Nursery School since September 1963. During the past year the unit has been running full time with a teacher and two nursery nurses in charge of the ten children for whom places are available. Dr. Price, medical officer to the unit, comments as follows:—

“It is interesting to find that the children being seen at the Hearing and Speech Centre with delayed language development are being referred at a younger age. The assessment of these children has been improved considerably with the close link with the hearing assessment team during the latter half of the year, in the new premises in Clifton. Of the 13 children who have been in the Nursery Unit this year,



over half have a simple expressive dysphasia, together with a home which we feel is not giving scope for development in one way or another. The children who have a definite history of brain damage appear to have more receptive difficulties. There is only one psychotic child, but many of the children show a tendency to withdraw, especially at first. Three children have left, one to normal infant school, one to normal nursery school and one to a special school in South Gloucestershire. This is fairly representative of our results, about two thirds fitting into normal school by the age of five."

**Day Nurseries**

As recorded in last year's report, there is an urgent and increasing demand for day nursery places, particularly in the central area of the City. A site has now been selected for building a new nursery in this area, and as a temporary measure a pre-fabricated building was erected in the garden of Ashley Road Day Nursery to take 20 extra children.

The total occupation of the seven day nurseries at 31.12.65 was as follows:—

<i>Accommodation</i>	<i>No. Children on Register</i>	<i>No. children on Waiting List</i>
310	325	92 (including 33 at Ashley Road)

In November, the Education Department organised a week's refresher course for nursery staff in the South West Region, to include those working in day and residential nurseries and nursery schools. The Health Committee released eight members of the day nursery staff to attend this course, which was greatly appreciated. It is understood that similar courses will be arranged each year; this will meet a long felt need for those working in the nursery field.

**Nurseries and Child Minders Regulation Act 1948**

The number of non-profit making playgroups meeting usually on two to five half-days per week, and catering for two to five year old children, increased from 14 in 1964 to 19 in 1965. It says a great deal for the initiative and keenness of those concerned—mainly the mothers themselves—that these playgroups are doing so well in the City.

The Education Committee have allocated funds to assist these groups towards the purchase of some larger equipment, and the Bristol Playgroups Association are doing excellent work in stimulating and maintaining interest in the movement. This Association, in co-operation with the Education Department, have organised a number of courses on play activities for young children.

Profit making playgroups, held in either hired premises or private houses, numbered 19 at the end of 1965 compared with 20 in 1964.

Only one private day nursery giving all-day care for 10 children aged 2—5 years remained open at the end of the year. Previously there had been two.

There are only two registered daily minders—providing all day care for a total of eight children aged 0—5 years.

All registered minders and premises are visited regularly for the purpose of inspection and general advice; frequency of visiting is according to individual need. The periodic routine inspections are undertaken by the Deputy Chief Nursing Officer, but in the few cases of all day child minding as distinct from playgroups, the district health visitor will also visit regularly. Special and occasional visits are

made by the Senior Medical Officer for the Maternal and Child Welfare Services, who is also responsible for the initial investigation of all new applications prior to reference to the Health Committee for registration.

All those registered are encouraged to contact the Department on any problems arising in relation to the general running of their establishments or in relation to individual children. That is, we like them to look upon us as an advisory service, and this kind of relationship seems to have been established with the majority.

A few cases of illegal child minding—usually of immigrant children—have come to light. These are immediately followed up and dealt with when brought to the attention of the Department.

The following table shows the registrations under the Nurseries and Child Minders Regulation Act 1948, at the end of 1965.

(a) <i>Playgroups</i>		<i>Hired Premises</i>	<i>Private Houses</i>	<i>Nos. of children</i>
(i) Non-profit making ...		19	—	468
(ii) Profit making ...		7	12	253
(b) <i>Day Nurseries</i>				
(all day care) ...		—	1	10
(c) <i>Child minders</i>				
(all day care) ...		—	2	8

#### Welfare of Unmarried Mothers and their babies

The slight decrease in illegitimate births recorded in 1964 has not, unfortunately, been maintained in 1965, when 9·8 per cent of all live births to Bristol mothers were illegitimate—the highest figure yet recorded in the City.

During the year, Miss M. Reed, welfare officer for unmarried mothers, dealt with 842 new applications. Of these, 29 were girls under the age of 16 years, which represents 3·4 per cent of the total; this compares with 24 representing 2·9 per cent of the total in 1964.

The following information relates to the arrangements made for the care of the babies born to 530 mothers during 1965.

1. Kept by the mother			
(a) with support of family ...	...	117	} 84·1%
(b) living alone apart from family ...	...	147	
(c) living with putative father ...	...	118	
(d) married ...	...	64	
2. Adoption — completed or pending ...	...	78	14·7%
3. Baby placed in care of Children's Dept. or a voluntary organisation ...	...	6	1·1%

It will be noted that a very high proportion of babies are cared for by their mothers at least initially, although some of these may at a later date be taken into care as a result of inability of the mother to make adequate provision. There is a significant increase this year in the number of co-habitations, many of which represent an unstable and unsatisfactory background for the child.

There were more admissions this year to the City Mother and Baby Home, Snowdon Road—94 new admissions compared with 71 the previous year. There were also 15 girls referred by the Department to St. Raphael's Roman Catholic Home, Henbury, compared with 19 in 1964.

## Special Families

The procedure adopted as a result of the Children and Young Persons Act 1963 was described in detail in last year's Annual Report.

Under agreed arrangements a further 103 special families were transferred during 1965 to the Children's Department for social supervision. This has enabled the team of four Health Visitors who specialise in work with these families to give more attention to earlier preventive work.

Dr. C. D. Hopkins comments on the work during the year:

The annual count shows an increase in the number of families on the Special Register; last year's figure was 865 and this year's figure is 915, confirming the impression that the number of poorer type homes is not lessening. Furthermore, one sees a degree of squalor that would not have been tolerated some years ago. The 1959 Mental Health Act, whereby more of the mentally disabled became absorbed into the community, coupled with the increased pressure brought to keep children out of care, has contributed largely to this general lowering of standards.

The appointment of two welfare assistants in the autumn has filled a vital gap in the team, one in Southmead and one in Knowle, each working under the direction of a Special Health Visitor; they have done excellent work with families, helping them with washing, cooking and sewing. They are also trying to help with the budgeting, but this is not so successful, parents being very much influenced by high pressure advertising—particularly on television, and no-one can stop them incurring heavy debts for the non essential goods found in their houses. Sometimes the financial difficulties arise from the low wage that is earned, but occasionally there are difficulties with a high wage earner, who apportions a large share for himself and presents a mere pittance to his wife, with which to feed and clothe his children.

The effect of recent legislation is now becoming apparent. In the cases transferred to the Children's Department, the health visitors have had to learn to distinguish between the medical and the social factors affecting family life, and then concentrate on the medical side, leaving the assessment of the social circumstances to the Children's Department worker. This is a new and very different approach and because of the general lowering of the standards, it has not always been easy to arrive at a working agreement. We can now say, however, that the liaison between the workers is improving and as a result some very worthwhile case work has been undertaken.

Co-ordination Area Case Committee agendas have been overburdened with housing problems, mainly concerned with rent arrears, and other aspects of family welfare have been relegated to second place.

Mr. A. Strange, organiser of the Bristol Family Service Unit, which acts as an agent of the Health Committee reports:

During 1965 the Unit provided long-term casework help for 47 families, 39 of whom resided in the Southmead area (where the Unit has its centre), four in Henbury and Brentry and four in Horfield and Lockleaze.

Fourteen new referrals were received from: Child and Family Guidance Clinic (2); Bristol Council of Social Service (2); School Welfare Service (1); Special Families Health Visitor(1); and Housing Department (1). The remaining seven cases were families who sought help from the Unit themselves. During the year the Unit ceased visiting eight families.



In addition to the above 47 families, the Unit assisted 106 other families on a "enquiry" or short-term basis.

Personal contacts with all families during the year totalled 3,646

Contacts or enquiries on behalf of families totalled 2,016

Much of the Unit's service is concerned with the welfare of the children and in the 47 families being visited there were 181 children of school age and under. In addition to the material and practical help provided, support was given to the parents in furthering the social development of their children. Most of the children had known the Unit staff from an early age, either through visits to the Unit house or meeting the workers in their own homes. These experiences seemed to facilitate the introduction of children to playgroups organised by a youth worker in Southmead. In fact during the year 42 children of between the ages of seven and 15 were attending such groups. Participation in small groups does enable children to feel recognised and valued as individuals; and the older children are encouraged to perform some useful service in the local community and, later, to join one of the youth organisations in the area.

Most of the parents have considerable anxieties about handling the problems of adolescence, especially regarding social behaviour, sex education and employment. In a number of cases, parents have been grateful to have advice or direct personal help from the Unit worker, who may have known the child over a period of time.

The holiday scheme sponsored by the Unit has continued to be of physical and social benefit to the children. During the summer 44 children were provided with holidays; 36 were entertained through private hospitality (a number returning to hosts who had accommodated them in previous years) whilst four boys went to the Rotary House, Weston-super-Mare, and four attended the Archbishop Vining's Camp in the Isle of Wight. A grant of £25 received from the Lord Mayor's Voluntary Services Fund helped us to meet the expenses of this scheme.

Involvement in the financial problems of the families continued to be a major feature of the Unit's work. About one half of the families were in financial difficulties to such a degree as seriously to affect their domestic life. By taking over responsibility for collecting weekly contributions towards meeting financial commitments and making arrangements with creditors, the Unit worker is often able to alleviate much of the anxiety and tension, and thus to enable the parents to function in a less tense and threatening atmosphere. The exercise is successful ultimately if the worker is able to use her personal relationship with the parents to encourage self-responsibility and foresight or an awareness of consequences.

The Unit has continued to be used as an agency for practical work in student training, and during 1965 students were accepted from the Applied Social Studies course (Bristol) and the course in Social Work (Bristol). Several talks were given to groups on the work of the Unit, and a number of visitors to the Unit house were able to discuss the work with members of staff.

We are greatly indebted to Alderman Mrs. A. E. Nutt for having represented the Unit at Family Service Unit Executive Committee meetings in London during the year, and especially for her personal interest in the work of the Unit and the welfare of the staff. She also assisted us in the formation of our voluntary supporting group "The Friends of F.S.U." which has given us much valuable assistance under the leadership of Dr. M. Gillespie.



Mrs. F. Bodman has continued to visit the Unit monthly to discuss with the staff some of the more difficult casework problems encountered in our work with families.

Good relationships with the other services and with social workers operating in the community have been essential to the success of our work and, in this respect, we have been grateful to have the continuing effective liaison with other professional colleagues in the field.

## **DENTAL CARE OF MOTHERS AND PRE-SCHOOL CHILDREN**

J. McCaig, Chief Dental Officer, reports:—

Dental treatment continued to be provided on similar lines to previous years. The service for pre-school is provided on request and there has been about the same number of children treated. The amount of treatment undertaken for mothers continues to decline, however, and this has not to be regretted provided they are receiving treatment from the National Dental Service. The Local Authority Dental Service has advantages in many ways for mothers but they are only eligible for treatment for a period of two years, i.e. during the period of pregnancy and one year after the baby is born. These two years is the period when the greatest demand is put upon mothers who find it difficult to make dental appointments as well as other clinic commitments. At the same time the dental officers are not always able to make dental appointments suit a clinic visit for medical reasons. It would be more satisfactory if mothers were under the regular care of their own dentists than that they should seek priority treatment periodically when they become eligible for it.

Some expectant mothers are afraid of dental treatment and consider that they will suffer great pain which may affect them or their baby. They are difficult to convince that new types of anaesthesia and technique procedures, such as high speed drills, has eliminated a lot of pain in dentistry and that all they will experience is slight discomfort. Many of them develop an attitude of suspicion and apathy to conservative dental treatment in spite of the propaganda from dental officers, dental auxiliaries and health visitors, etc. They are doubtful about the part dentistry has to play in maintaining their health and that of their babies and realise full well that people do not die of bad teeth and that if dentures were good enough for their parents, they are good enough for them. Thus the mother feels no positive urge to safeguard her own dental health nor the dental health of her baby.

Conservative treatment for pre-school children should be encouraged as much as possible because the onslaught of extractions on them can produce a vast amount of trauma which is remembered by them consciously or subconsciously for many years. Their first visit is usually for extractions and this does not prepare them or condition them for future conservative treatment. Special attention to these young patients is essential if the incidence of dental caries is to be controlled and the propaganda given to this group should reach the mother so that her attitude to conservative treatment for her young child will change in a positive direction, resulting in her accepting treatment for her child.

In Bristol the three year old "Greetings" card scheme is providing this form of propaganda; the card is sent to the child and invites the mother to make an appointment for her child to have a dental inspection with her own dentist or the dental officer at the nearest Local Authority clinic. This scheme has produced a response beyond our expectations in some areas of the City and dental officers are reporting that many more mothers are bringing in their three-year-old children for dental inspection than ever before. The dental officers further report that the amount of treatment required on these three-year-old children and the time required to devote to them could ultimately delay the treatment of school children.

It is unlikely that the incidence of dental disease will be completely eliminated by any programme of health education or by any form of dental propaganda. The effects of the fluoridation of public water supplies should receive re-appraisal, because this is the one method that has been proved to reduce the incidence of dental decay in young children by 50 per cent or 60 per cent and this method has been denied us in Bristol, with the decision of the City Council not to fluoridate the public water supply.

The statistical table at the end of the report shows the work as outlined for the requirements of the Ministry of Health but this does not indicate all the work done by the dental officers.

## APPENDIX

### MATERNAL AND CHILD HEALTH STATISTICS 1965

Live births (from Birth Registrations) ... ..	7,600
Live birth rate per 1,000 population ... ..	17.6
Illegitimate live births (per cent of total live births) ... ..	9.8
Stillbirths ... ..	120
Stillbirth rate per 1,000 total (live and still) births ... ..	15.5
Total births (live and still) ... ..	7,720
Infant deaths ... ..	164
Infant mortality rate per 1,000 total live births ... ..	21.6
Legitimate infant mortality rate per 1,000 legitimate live births ... ..	21.4
Illegitimate infant mortality rate per 1,000 illegitimate live births ... ..	22.9
Neo-natal mortality rate (deaths under 4 weeks per 1,000 live births) ... ..	14.5
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) ... ..	12.5
Perinatal mortality rate (still-births and deaths under one week combined, per 1,000 total live and still-births) ... ..	27.8
Maternal deaths ... ..	2
Maternal mortality rate per 1 000 total live and still-births ... ..	0.26
Number of live premature births ... ..	555
Number of live and still-births at home (from birth notifications) ... ..	1,687
Number of live and still-births in institutions (from birth notifications) ... ..	5,791

(The above figures relate to Bristol residents)

#### Clinic attendances

	<i>New Patients</i>	<i>Total Attendances</i>
(a) <i>Ante-Natal</i>		
(i) medical officers' sessions ... ..	527	3,839
(ii) general practitioners' sessions ... ..	4,633	34,806
(iii) consultant sessions ... ..	2,618	7,711
(iv) midwives' sessions ... ..	476	4,422
(b) <i>Post Natal</i> (including Birth Control)		
Medical officers' and general practitioners' sessions ... ..	3,481	4,688
(c) <i>Child Welfare Clinics</i>		
(i) total number of infants under 1 year ... ..		9,112
total attendances of infants under 1 year ... ..		49,565
(ii) total number of children aged 1—5 years ... ..		8,774
total attendances of children aged 1—5 years ... ..		29,084
(d) <i>Parentcraft Classes</i>		
number of expectant mothers who attended classes ... ..		2,187
total number of attendances ... ..		8,508
(e) <i>Special Diagnostic Clinic</i>		
(i) new patients ... ..		583
(ii) attendances ... ..		1,112

#### Health Visiting

Home visits	
(i) primary (to new babies) ... ..	8,205
(ii) infants under 1 year (excluding (i) above) ..	23,804
(iii) children 1—5 years ... ..	75,463
Sessions at clinics ... ..	5,888
Time spent at nursery schools and classes ... ..	1,210 hours

#### Recuperative Convalescence

Section 22, N.H.S. Act, mothers and young children:		
mothers accompanied by children ... ..	3 mothers	7 children
unaccompanied children ... ..		nil

## Hearing and Speech Centre

No. of new cases referred ... ..			348
No. of new cases seen—under 5 ... ..	187		
over 5 ... ..	84		
Total ... ..			271
No. of old cases seen—under 5 ... ..	56		
over 5 ... ..	97		
Total ... ..			153
Total attendances ... ..			708
No. of attendances consultant clinic ... ..			239
No. assessed by the psychologist ... ..			99
No. referred for E.N.T. treatment—			
under 5 ... ..	50		
over 5 ... ..	34		
Total ... ..			84
No. referred for speech therapy—			
under 5 ... ..	28		
over 5 ... ..	12		
Total ... ..			40
No. referred to the delayed speech unit ... ..			4
No. attending for auditory training ... ..			20
No. of hearing aids supplied ... ..			35
No. discharged ... ..			200
No. of persistent absentees ... ..			20

## Analysis of New Cases

No. referred by medical officers ... ..			163
No. referred by consultants ... ..			53
No. referred by health visitors ... ..			29
No. referred by psychologist ... ..			1
No. referred by speech therapists ... ..			4
No. referred by audiometrician ... ..			7
No. referred by general practitioners ... ..			12
No. referred by teachers ... ..			2
No. of outside City cases ... ..			55
No. in risk group—under 5 ... ..	74		
over 5 ... ..	14		
Total ... ..			88
No. profoundly deaf—under 5 ... ..	7		
over 5 ... ..	0		
Total ... ..			7
No. with partial perceptive deafness—			
under 5 ... ..	16		
over 5 ... ..	14		
Total ... ..			30
No. with partial conductive deafness—			
under 5 ... ..	41		
over 5 ... ..	32		
Total ... ..			73
No. with no hearing loss but defective speech—			
under 5 ... ..	55		
over 5 ... ..	10		
Total ... ..			65
No. with no significant hearing loss—			
under 5 ... ..	67		
over 5 ... ..	29		
Total ... ..			96



# **DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN**

## **Part A—Dental treatment — Numbers of cases**

	<i>Number of persons examined during the year</i> (1)	<i>Number of persons who commenced treatment during the year</i> (2)	<i>Number of courses of treatment completed during the year</i> (3)
1. Expectant and nursing mothers ...	391	359	168
2. Children aged under 5 and not eligible for school dental service ...	1,068	781	370

## **Part B—Dental treatment provided**

	<i>Scalings and gum treatment</i> (1)	<i>Fillings</i> (2)	<i>Silver nitrate treatment</i> (3)	<i>Crowns and inlays</i> (4)	<i>Extractions</i> (5)	<i>General anaesthetics or lower</i> (6)	<i>Dentures provided Full upper or lower</i> (7)	<i>Partial upper or lower Radiographs</i> (8)	(9)
1. Expectant and nursing mothers ...	293	785	41	1	547	50	30	47	63
2. Children aged under 5 years and not eligible for school dental service ...	234	1,292	510	—	920	396	—	—	2

## **Part C—Number of premises and sessions**

1. Number of dental treatment centres in use at end of year for services shown in part B above ... 13
2. Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year ... 522

# NURSING SERVICES REPORT

Margaretta Marks Jones  
(Chief Nursing Officer)

During 1965 there has been steady progress in the health visiting field. Continued emphasis has been placed on co-operation between members of the public health team.

On the 31st December, 1965, the Department had in its employment:—

- 4 Divisional Nursing Officers
- 4 Deputy Divisional Nursing Officers  
(who are acting as field work instructors)
- 2 Sisters-in-Charge of Health Centres
- 2 Deputy Sisters-in-Charge of Health Centres
- 15 Centre Superintendants
- 51 District Health Visitors
- 4 Health Visitors for Special Families
- 4 Health Visitors for the Aged and Chronic Sick
- 6 Part-time District Health Visitors

The four divisional nursing officers who were appointed the previous year, following some re-organisation of the nursing services, are now fully established. The variety of work in both health visiting and home nursing provides an interesting and stimulating job.

Their duties are to assist with the practical training of student health visitors, and district nurses, to guide newly qualified health visitors and to assist members of staff in health education.

The main source of recruitment is still from our own training centre but of the 16 health visitors who terminated their contract in September, only 6 came on to the permanent staff. Two joined the staff from other local authorities and one was appointed following her training at an integrated course. Part-time health visitors were also recruited. Recruitment of part-time health visitors is increasing and in the future greater numbers of married health visitors, both whole-time and part-time will undoubtedly be employed.

Fifteen health visitors left for the following reasons: Retirement 3, marriage 3, return to midwifery 2, overseas work 2, other local authorities 5.

The feature of the year was the re-organisation of the health visitor's areas to cover prescribed polling districts. There has been for some time a real need for re-organisation due to migration from the City central areas to the peripheral housing estates with a consequent uneven distribution of case loads. To arrive at some equitable distribution of districts, an attempt has been made to weight the various tasks undertaking the health visitor.

In re-organising the districts the following information was taken into consideration:—

- A. Number of home visiting records issued during 1963.
- B. Home visiting records for 1963 held in February 1964.
- C. Total home visiting records held in February 1964 for all children under 5 years.
- D.1 First and subsequent visits to 1963 births during 1963.
- D.2 Average number of visits to 1963 births in 1963.

- E. First and subsequent visits to all children under 5 years in 1963.
- F. Number of clinics attended in 1963.
- G. Hours in nursery schools.
- H. School health work:
  - 1. Number of pupils in schools on district.
  - 2. Number of visits made from September 1963—February 1964, inclusive.
- I. Size of district (maximum length in miles).
- J. Home visiting records issued January/May 1964.
- K. Number of special families in district.
- L. Number of aged and chronic sick.

Much of the preparation for the re-organisation had been done in 1964. The task was time consuming but on the appointed day of change over every effort was made to make it as smooth and efficient as possible and this was achieved due to the co-operation of each member of the staff.

A health visitor's case load still varies between 500—800 families. Fortunately, the majority do not need intensive support but it would be foolish to think that we are in a position to give enough help in some cases.

The health visitors continue to undertake general duties connected with all aspects of the work of the health department with the exception of 4 who undertake duties with special families, 4 with the aged and chronic sick, 1 who undertakes part of her duties with premature baby visiting and another who helps with the aftercare and re-habilitation of the patients from the Industrial Therapy Organisation. Reference to the health visitor's duties in the School Health Service is contained in the Principal School Medical Officer's Report.

The main emphasis of the health visitor's work is on home visiting—to support and guide the families in their care—and on health education. They continue to give group teaching during clinic sessions, also to youth and to adult groups.

There was a slight decrease in the total number of home visits as compared to the previous year—106,764 in 1965  
108,474 in 1964

This is probable due to the fact that health visitors are tending to undertake visits of longer duration.

Furthermore, clerical work and time spent on the telephone continues to increase. Health visitors continue to carry out routine tests for phenylketonuria, congenital dislocation of the hips and also tests for hearing defects.

At the end of the year all health visitors have received the necessary training in hearing screening tests. The course of training was taken by Dr. H. Gibb and Dr. Kaye.

#### Special Surveys

During 1965 the health visitors participated in the following surveys:—

Rubella	}	Bristol Health Department.
Infective Hepatitis		
Study of Iron Deficiency	}	Bristol Royal Hospital for Sick Children.
Anaemia in Infancy		
Investigation of Measles	}	Medical Research Council.
Vaccines		

### Visitors to Clinics

The Nurse Training Schools continued to send student nurses for one day experience in the domiciliary field. A total of 285 student nurses accompanied health visitors and district nurses during the year.

In addition, the following professional students were helped:—

- 11 Diploma in Public Health students
- 45 Medical students
- 8 Social Science students
- 26 Health Visitor students
- 17 District Nurse students.

Visitors to the Department included students from senior courses from the Royal College of Nursing, Matron Housekeeper students and visitors from overseas.

### Refresher Courses

A refresher course was organised locally in co-operation with the University Department of Extra Mural Studies and was held from 20th—30th April, 1965.

This course was attended by 12 members of Bristol health visiting staff and 28 from other local authorities. It seemed that the beginning of the year, in which the new syllabus for the training of health visitors became operative, was a good time to re-assess the health visitor's work as it applied to contemporary society. One essential was to see ourselves as others see us, through the eyes of those members of the community we are seeking to help and through the eyes of workers in other services with whom we needed to co-operate. Speakers at the course had been asked to orientate their contributions accordingly.

All members who attended the course derived much benefit from it and found it both stimulating and enjoyable.

Two of the divisional nursing officers attended a two week course for field work instructors arranged by the Health Visitors Association.

Another health visitor for the aged and chronic sick was able to attend a three day conference entitled 'Living Longer—Living Happier' arranged by the Royal College of Nursing.

## SPECIALISATION

### Care of the Aged and Chronic Sick

The most notable feature to report in the field of work among the chronic sick and aged during the last year is the completion of the appointments of welfare assistants to each of the four specialist health visitors. Not only are the assistants valuable in helping with much of the routine clerical work, telephone calls and so on, thus liberating the specialist health visitor for work where her skills are particularly needed, but also they are able to do a great deal of early follow-up visiting (after initial visiting by health visitors) with satisfactory results. Their assistance with the many visits necessary for patients for whom convalescence is being arranged has been much appreciated by the four health visitors and some later routine follow-up visits done by the assistants have yielded good returns. As early signs of deterioration or need for help have been detected, help has been given and so much possible discomfort and further deterioration avoided. Thus it would appear that the whole work among the sick and aged is being broadened and deepened and



more positive preventive action is now being taken in this sphere, with perhaps less of the "patching-up" work which has, of necessity, been the specialist health visitor's main concern hitherto.

Cases of old and sick people in need of help, however, are constantly being referred from many sources and full demand is being made on the many services both statutory and voluntary available in Bristol to alleviate, as far as possible, the problems of these ageing citizens.

#### Prevention of Break-up of Families

This is discussed in a separate section of this report.

#### Premature Babies

The number of premature babies in the care of the health visitors in 1965 was slightly higher than in the previous year. During the year, 661 babies were visited, of whom 426 were from the Bristol area.

#### Liaison with the Children's Hospital

One health visitor continues to spend one morning each week visiting the Children's Hospital. This liaison proves invaluable both to the health visitor concerned and to the district health visitor.

#### Chest Department

			<i>Domiciliary Visits and Sessions by T.B. Visitors</i>				<i>Total Visits</i>	<i>Clinic Sessions</i>
			<i>Primary Visits</i>	<i>B.C.G. Visits</i>	<i>Other Visits</i>	<i>Blank Visits</i>		
1964	...	...	193	525	3,946	840	5,504	1,438
1965	...	...	165	636	4,132	876	5,809	1,544

Work in the Chest Out-Patient's Department is changing. Fewer patients suffering from tuberculosis are being seen; more patients with other diseases are being referred by the general practitioner. Many of these patients are much older and some infirm, quite a number have never had a previous x-ray.

The number of visits to houses concerning tuberculosis has decreased as was anticipated. The visits to industry to follow up the contacts of patients at work has proved worthwhile; contact work still remains the most important aspect of the T.B. visitor's work.

The nursing staff over the year have attended at the B.C.G. vaccination sessions in school and the B.C.G. vaccination sessions of contacts at Central Clinic.

#### ANCILLARY NURSING SERVICES

The employment of full-time clinic nurses and sessional nurses provided relief for the Health Visiting Service of duties which do not call for the use of the health visitor's skills. No difficulty is encountered in recruiting part-time state registered nurses.

An adequate establishment of clinic helpers and clinic assistants was maintained during the year. Of 17 clinic assistants who reached the age of 18 years during the year

- 9 commenced general nurse training
- 1 commenced pupil nurse training
- 3 transferred to clerical section
- 1 transferred to x-ray department
- 2 appointed as dental surgery assistants
- 1 appointed as shop assistant.

The establishment of four full-time and two part-time physiotherapists remained unchanged. As in previous years, the full-time members of staff continued to spend a limited amount of time in visiting and carrying out treatment in the old people's homes in the City, by arrangement with the Welfare Services Department.

## HEALTH VISITOR TRAINING

During the academic year, 1964-65 there were 26 health visitor students in training at the Health Visitor Training Centre, 13 sponsored by the City. All the students were successful in the examination of the Royal Society of Health, held in July 1965. This is the last examination to be held under the auspices of the Society.

Following the Health Visitor and Social Work (Training) Act, 1962 a Council for the Training of Health Visitors was set up. From autumn 1965 all training centres adopted the syllabus laid down by the Council. In future each training centre will organise its own examination, with the approval of the Council and successful students in Bristol will be awarded the University of Bristol, Certificate in Health Visiting and in addition will receive the National Certificate issued by the Council.

In the new training great emphasis has been laid on the careful organisation of practical training. The practical instruction in the skills of health visiting is undertaken by field work instructors; three students being placed with one field work instructor for the duration of the course. To prepare them for their work, a two week course for field work instructors was held in July and eight health visitors attended. The course aimed to bring the future field work instructors up to date with the new form of training and to develop their skills in teaching adult students.

In October 1965, 26 students started training, 8 of whom were sponsored by the Health Department.

## HOME NURSING SECTION

### REPORT OF THE NURSING SERVICE

1st January — 31st December 1965

*Staff :—31st December, 1965*

Senior Superintendent ...	...	1
Divisional Nursing Officers ...	...	4
Queen's Nursing Sisters ...	...	58
Male Queen's Nurses ...	...	3
State Registered Nurses ...	...	5
State Enrolled Nurses ...	...	2
Part Time Staff ...	...	11
Total ...	...	84

*Students trained during the year :—*

Staff Students ...	...	11
Counties Students ...	...	6
Total ...	...	17

Due to reorganisation of areas only two training courses were held during the year. With so many counties now undertaking their own training and with satisfactory local recruitment it is proposed to continue for the present with two courses annually.

Boundaries of districts have been altered and are now confined to polling areas. This change has advantages for statistical purposes.

Decentralisation has taken place and staff report to their respective divisional nursing officers at their base clinics. New cases however continue to be dealt with centrally.

The increase in the provision of incontinent pads in certain cases presented problems of disposal. This has been helped by the provision of paper sacks collected with normal refuse collection. We are grateful to the Cleansing Department for their co-operation in this matter and we hope this service can be extended with the advent of yet more disposable materials.

## HOME NURSING SERVICE

1st January — 31st December 1965

### Completed Cases Only

<i>Cases sent by:—</i>							1965	1964
Doctors	...	...	...	...	...	...	3,433	3,418
Hospital Authorities	...	...	...	...	...	...	908	971
Health Department	...	...	...	...	...	...	79	101
Patients Friends	...	...	...	...	...	...	93	100

### *Cases:—*

Convalescent	...	...	...	...	...	...	1,679	1,581
Transferred to Hospital	...	...	...	...	...	...	1,334	1,365
Deaths	...	...	...	...	...	...	846	929
Removed for Other Causes	...	...	...	...	...	...	654	715

<i>Analysis of Cases</i>	1965		1964	
	<i>Cases</i>	<i>Visits</i>	<i>Cases</i>	<i>Visits</i>
Tuberculosis	73	2,580	68	2,453
Other Infectious Diseases	43	621	44	900
Parasitic Diseases	—	—	—	—
Malignant & Lymphatic Neoplasms	332	8,386	396	10,311
Asthma	8	53	7	100
Diabetes Mellitus	162	8,674	152	7,455
Anaemias	197	2,607	162	2,367
Vascular Lesions Affecting Central Nervous System	411	9,104	429	9,224
Other Mental & Nervous Diseases	99	2,975	90	1,912
Diseases of the Eye and Ear	25	549	30	772
Diseases of the Heart and Arteries	487	10,818	537	11,348
Diseases of the Veins	136	4,776	118	3,844
Upper Respiratory Diseases	59	478	47	376
Other Respiratory Diseases	346	5,433	361	5,234
Constipation and Diseases of Digestive System	533	6,529	547	5,669
Diseases of Urinary System and Male Genital Organs	58	969	51	831
Diseases of Breast and Female Genital Organs	109	1,271	64	747
Complications of Pregnancy and Puerperium	137	1,140	204	1,655
Diseases of Skin and Subcutaneous Tissues	161	3,156	153	3,043
Diseases of Bones, Joints and Muscles	184	4,827	141	2,915
Injuries	140	2,724	124	2,269
Senility	284	5,868	291	6,509
Other Defined or Ill Defined Diseases or Disability	215	4,188	230	3,888
Diseases not Specified	314	976	344	749
Total	4,513	88,702	4,590	84,571

### *Included in above figures*

Medical	...	...	...	...	...	3,558	68,019	3,613	63,990
Surgical	...	...	...	...	...	702	16,342	661	15,573

Age Groups				Cases	Visits 1-24	Cases	Visits 25-+
0-4	...	...	...	57	381	1	25
5-14	...	...	...	57	330	1	33
15-44	...	...	...	547	3,982	74	4,294
45-64	...	...	...	807	6,268	196	11,978
65-+	...	...	...	2,115	18,979	658	42,432

#### Report on All Cases 1st January — 31st December 1965

	1965	1964
Brought Forward January 1st ... ..	1,829	1,820
New Cases attended during the year ... ..	4,534	4,620
Transferred Cases ... ..	626	149
Cases taken off ... ..	4,513	4,590
Transferred Cases ... ..	639	170
Remaining on Books 31st December ... ..	1,837	1,829
Total number of visits paid to all Cases ... ..	223,089	227,484
Night Calls — Visits between 8 p.m. and 8.30 a.m. ...	1,217	1,333

## HOME HELP SERVICE

**M. R. Epplestone, S.R.N., S.C.M., H.V.**  
(Home Help Superintendent)

#### The Work of the Service

2,456 new applications for help were received and visited.

There were decreases of maternity, acute sickness, mentally disordered and tuberculous cases, but increases in cases involving young children, chronic sick (under 65) and especially the aged, infirm and chronic sick cases, as seen in the following analysis:—

#### PATIENTS HELPED IN 1965 AS COMPARED WITH 1964

	1964	1965
Confinements ... ..	319	286
Young children to be cared for ... ..	163	170
Acute sickness ... ..	145	140
Aged, infirm and chronic sick (over 65) ...	3,460	3,712
Chronic sick (under 65) ... ..	151	197
Mentally disordered ... ..	12	8
T.B. ... ..	12	11
	<u>4,262</u>	<u>4,524</u>

#### Visits paid by Superintendent and two Assistants

Primary Visits ... ..	2,409	2,456
Subsequent ... ..	2,071	1,839
Cases not proceeded with ... ..	37	113
Blank Visits ... ..	448	432
	<u>4,965</u>	<u>4,727</u>

Cases not proceeded with have risen considerably. Many people are still under the impression that this service is free, and when confronted with a form to fill in become miraculously better, and can manage or their relatives will cope! Others never bother to return the form or inform the office that other arrangements have been made. A great deal of time and travelling are involved with these cases.



## **Mental Disorder**

Some of these cases have been most rewarding, others very difficult. But as they cover such a wide range from the very young mother overwhelmed with her young family, to the aged relative or dependant mentally sub-normal son or daughter, difficulties are bound to arise. It is in such cases that much thought and care must go in the selection of the home help. All praise is due to the home helps who continue on week after week and it is on these cases that encouragement and frequent visiting is given.

One home help who had been attending an elderly mentally disturbed old lady, felt an overwhelming desire to go to her at 8 o'clock one evening. When she got there the old lady was on the floor and her hair was singeing. Oblivious to the fact that she had nearly been burned she told the home help that she was in church and had been saying her prayers!

Very few of the elderly need only home help, but require some other form of service as well and I should like to pay special tribute to Mr. Brooks, Liaison Officer, Old People's Welfare, for his help and co-operation. The home helps are saved many tasks which can be done by voluntary helpers and so enables their time to be used on more urgent cases.

Even so, the waiting list still causes a great deal of concern as the demand for the service grows. There has been an increase in the number of part-time home helps during the year, but full-time home helps still remain extremely difficult to obtain.

## **Recruitment**

In November, an advertisement in the daily and evening papers brought only a fair response.

During the year 290 recruits have been interviewed and 230 have started. At the end of December only 156 were still working, the others having resigned or faded out. I should like to record the fact that there are 26 home helps who have given 15 years and over to the service, a wonderful achievement. The total number of home helps on 31st December, 1965 was: full-time 11, part-time 651.

## **Staff**

There have been changes in the clerical staff, the junior clerk having left in September. However we welcome two new clerks to the service who are finding the work of tremendous interest.

Many students have been welcomed by the Department over the year and talks continued to be given to interested bodies. Although 1965 has not been an outstanding year, steady progress has been made and in spite of the many difficulties the service encounters it has responded very well to the demands that have been made upon it and many letters expressing thanks and appreciation have been received.

## **Administration**

The number of new cases awaiting assistance in January 1965 was 106 and of these about one third had applied within the preceding two weeks and a further third had been awaiting between one and two months and of the remainder, the majority had been awaiting service for more than six months. It was considered vital that

steps should be taken to increase the amount of help available and to keep cases being helped under stricter control.

It was, therefore, considered advisable to create four main divisions of the City in line with the home nursing and health visiting services. These divisions contemplated will be related to polling district areas of which there are more than 150 in the City.

The Committee, therefore, agreed that the Home Help Service should be reorganised as:—

- (1) North-Western, based at Southmead Clinic;
- (2) North-Eastern, based at Speedwell Clinic;
- (3) Central;
- (4) Southern, based at Bedminster Clinic.

The number of cases in the suggested divisions are likely to vary between 600 and 800 and the Committee therefore agreed that there should be a minimum of two field workers and one clerk allocated to each area. The Establishment Committee agreed to increase the overall supervisory staff by four, giving the Service an organiser, deputy organiser, and each of the divisions being manned by one divisional organiser, a general assistant and a clerk.

It is hoped to introduce a less cumbersome and more efficient record system which can be used jointly by divisional organiser and by the health visitor for older people who will use the same base.

In addition, the Committee expressed a wish that in-service training for home helps should be introduced.

It is anticipated that the implementation of the scheme will commence, and it is hoped, be completed during 1966.

# HEALTH EDUCATION

P. Mackintosh

(Health Education Officer)

In February 1865 Mr. D. Davies, a surgeon, was appointed "Medical Inspector for the District of the Mayor, Aldermen and Burgesses of the City and County of Bristol" for a period of six months: Mr. Davies thus became Bristol's first Medical Officer of Health. In 1965, the centenary of public health in Bristol, the occasion was celebrated by producing an attractive illustrated brochure in which are highlighted some of the more notable events in public health work in the City. The production of the brochure entailed a search of some of the city archives and the past annual reports of the medical officers of health, an exercise of considerable interest.

It was quite fascinating to read of the early struggles of the first two medical officers of health to improve the general sanitary conditions and of the detailed "detective" work that went into the search for the source of the outbreaks of certain diseases. These old reports make one realise just how tremendous have been the changes in our living conditions during the past century.

## Topic of the Month

In February 1965 a monthly programme of health education topics was started. Each month the main article in the Monthly Bulletin is related to the topic for that month. All the clinics are supplied with suitable display and other supporting material.

The topics highlighted were:—

February	—	Road Safety
March	—	Drugs and Sweets
April	—	Dental Health
May	—	Food and Nutrition
June	}	Safety Out-of-Doors e.g. Holiday Safety
July		
August		
September	—	Foot Health
October	—	Fire Prevention
November	—	Sight and Light
December	—	Toys (safety, suitability, etc).

The September topic was well supported by some local shoe manufacturers, who supplied the Department, free of charge, with quantities of appropriate display material. The following comments are by Mr. W. Pugh, Chief Chiropodist.

"During the month of September the 'topic of the month' was foot-health, when all the clinics displayed posters relating to this topic, and all means possible were organised by the Health Education Officer to bring this aspect of health to the notice of the public.

As part of this campaign, many young mothers were questioned by health visitors as to whether they felt satisfactory arrangements were experienced in shoe shops in the actual measuring of their children's feet when buying shoes. From the variety of answers received, it is evident that there is a lot to be desired in many



cases of the fitting of shoes to children's feet. The good that comes from this, however, is that the mothers are becoming increasingly aware of the importance of this subject, and the shops will become aware of the mothers' insistence on good fitting. The static displays and film strips drawing attention to the subject of foot health was attentively watched by all concerned from both lay public and professional workers, and it appears that there has never been any time in the past when so many people are really aware of the importance of foot care. There is no doubt that this pin-pointing of attention to this subject has been accentuated since the advent of a national chiropody service by the Local Health Authorities commencing in 1960. As the L.H.A's. are the responsible authority for the particular type of patient having a special need for care in this respect, they are ideally the most strategically placed authority to organise such services. The middle-aged group of the public who are not normally eligible for such free or subsidised treatment do receive the health education advice, and are also in the position to have the means to receive such treatment from a private practitioner."

### **Diet Sheet Service**

Miss Margaret Chapman, Nutritionist in the Department, reports, "For a number of years I have given personal dietary advice to patients referred by general practitioners at the health centres. Advice is also given to schoolchildren and adults referred by local authority doctors and to discharged hospital patients needing after-care advice. In September a scheme was formulated to extend this service by making available to general practitioners, who wished to take advantage of the scheme, printed dietary sheets for certain conditions requiring special diets. Initially it was proposed that four types of diet sheets should be made available, viz. Reducing Diet, Gastric Diet, Low Fat Diet and High Iron Diet, since there appeared to be a relatively high incidence of the conditions which require these.

The diet sheets, when printed, would be made available in pads of 50 tear-off sheets and would be issued free of charge.

The scheme was aimed also at helping patients who easily misinterpret or do not retain verbal instructions and to whom words such as 'carbohydrates', 'starch', 'calories', etc. mean very little in terms of buying food and planning and preparing meals. It is often thought and claimed that special diets must be expensive, extravagant and time consuming. In the diet sheets, simple menus and suggestions as to what may be eaten, as well as the foods to be avoided, are included, in the hope that patients given positive guidance will not become easily depressed and will consequently sustain their effort longer. In many cases the suggested foods or meal patterns are suitable for all the family, thus simplifying catering, reducing costs and making the special diet more acceptable for everyone."

The scheme was introduced to general practitioners by way of the Monthly Bulletin and up to date approximately fifty per cent of the 260 general practitioners have availed themselves of the scheme.

### **In Service Training**

In collaboration with the Department of Extra-Mural Studies of the University of Bristol, a refresher course for health visitors was held at Rodney Lodge, Clifton from the 20th to 30th April. It being the year in which the new syllabus for the training of health visitors became operative, it was felt to be a good time to re-assess



the health visitor's work as it applied to contemporary society. It was felt that one essential was to see ourselves as others see us, through the eyes of those members of the community whom we seek to help and through the eyes of those workers in other services with whom we need to co-operate. Speakers on the course were asked to orientate their contributions accordingly. The aim of the course was to help the health visitor to re-think her contribution towards the total health of the entire family. The lecture sessions covered:—

- “Health Visiting — Self Evaluation”
- “Services for the Pre-School Child”
- “Parents Questions”
- “The Unmarried Mother and Her Child”
- “The School Child” — Communication Difficulties
  - Hearing Difficulties
  - Maladjustments
- “The Deprived Child”
- “Our Point of View — Teenagers' Forum”
- “Care of the Handicapped” — How can the Public Health Services Help?
- “People Under Stress” — The Suicidal
- “Care of Old People”
- “Keeping Well in Later Life”
- “Preparation for Retirement”
- “Looking Ahead” — Discussion by Panel of Health Visitors.

The course included a number of visits of observation.

#### Talks

Officers of the Department gave a recorded total of 1,176 talks during the year to a total audience of just under 17,000 people. These figures relate to those talks given mainly to parentcraft classes, infant welfare sessions, schoolchildren, youth organisations, women's organisations and old age pensioners associations; a number more were given to the catering trade by the public health inspectors.

A considerable amount of teaching is done with medical undergraduates and postgraduates and in this latter group may be included the overseas visitors who spend time visiting the Public Health Department.

#### Smoking and Health

The special evening clinic for people wishing to abstain from smoking cigarettes was continued until May 1965, when it was decided to close down for the summer months. In September the position was reviewed and since so few people had applied to attend further sessions, it was decided not to re-open the clinic until more people had applied to attend or had been referred by their doctors.

The “successes” and “failures” were reported in the annual report for 1964 and generally the results were disappointing. Before a decision is reached about the re-opening of the clinic, consideration will have to be given to the question of staffing; hitherto the staff has consisted of four assistant medical officers, the Health Education Officer, a physiotherapist and a health visitor and this seems decidedly uneconomic.

Doctors and the Health Education Officer have continued to give talks in schools and youth clubs when requested and use has been made of the films "Smoking and You" and "This is Your Lung". However, in relation to the number of schools and youth organisations in the City, the number of requests has been disappointingly low.

On four separate occasions, for periods of one month, use has been made of 900 public notice boards as well as the Department's own outdoor notice boards to display anti-smoking posters.

### Venereal Disease

Several schools have asked specifically for talks on venereal diseases. In most cases these have been included in the "end of term" talks arranged by schools whose pupils have just sat for their "O" level examinations. One would have thought that this subject would automatically have been included in human biology; the talks have been given by school medical officers and illustrated by either the film "V.D."—Don't take the Risk" or the film strip "Venereal Diseases". A few requests for talks were from youth organisations.

## BRISTOL HOME SAFETY COUNCIL — 1965

The Home Safety Council met on two occasions during the year. At the annual general meeting on 3rd March 1965, Miss M. Bowen retired from the chairmanship and in the ensuing election Mrs. Marjorie Farleigh and Alderman Mrs. Nutt were unanimously elected to the chairmanship and vice-chairmanship respectively.

During the year there was a considerable increase in home safety activities in the Health Department clinics. Each month a selected health education topic is developed in the 15 clinics and two health centres. Health visitors arrange appropriate displays and give talks. The topic is further developed through the medium of an article in the Monthly Bulletin of the Medical Officer of Health, a publication which circulates to all doctors in the City, the hospitals, the local newspapers and the B.B.C. On several occasions home safety subjects were featured as topic of the month; these were:—

March	—	Dangers associated with medicines and tablets
June	}	Various aspects of safety out of doors e.g. Holiday safety and water safety
July		
August		
October	—	Fire prevention
November	—	Sight and light
December	—	Toys, safety, suitability etc.

Whilst specific campaigns focus the public's attention for short periods on some particular aspects of accident prevention, it is the continuous educational work of the panel of speakers which probably has the more lasting effect. Requests for talks on home accident prevention come regularly and in no case have we failed to provide a speaker when requested. At the end of this report is a list of schools and organisations visited by members of the speakers' panel in 1965. The list does not give a complete picture of the programme of talks, since it only includes those groups where the audiences averaged at least 20 in number. About 20 other talks were given to smaller groups. The largest audience was one of 350 pensioners,

addressed by the Secretary at Hanham Folk Centre: this was a special study day arranged by the Gloucestershire Community Council, the audience being drawn from all parts of the county.

Life is never dull for the speakers. Sometimes the organisation which has asked for a speaker is prepared to give as long as  $1\frac{1}{2}$  hours for the talk and questions; on other occasions, such as Bristol Rotary Club and Avonmouth Rotary luncheons, the speaker has exactly 20 minutes to present the subject. Again one seldom knows beforehand under what conditions the talk is to be given; on more than one occasion, the Secretary, before speaking to a female audience has been asked to "lead the hymn"—one solitary male voice in a group of females! On two occasions he was asked if he would accompany the singers on the piano because their "regular member pianist had not turned up this afternoon". But perhaps the most surprising introduction of all was the occasion when the Assistant Secretary was introduced to an audience of old age pensioners as "a conjuror who has come to show us some tricks"! Perhaps the chairman thought the speaker's visual aids were a magician's props.

For the second year, lectures on the prevention of home accidents have been included in the one month's course in public health, taken by the final year medical undergraduates. These have proved to be most useful in bringing to the attention of some of our future doctors, the social and domestic factors that lie behind so many of the casualties that they see in hospital.

The interest in home accident prevention, especially among young people, seems to be increasing; at least 50 schoolchildren have visited the Secretary's office during the year asking for information and literature on the subject. "Home Safety" is fast becoming a favourite project subject with schoolchildren. Another feature of the year was the numerous requests for information from senior and junior Red Cross leaders, Wolf Cub leaders and youth organisations, participating in the Duke of Edinburgh's Award Scheme.

A study day for speakers was held on Wednesday 13th October. This proved to be a useful occasion for an exchange of views between our established speakers, as well as for the recruitment of six new members.

The Annual Flower Show on the Downs was once again the occasion for the Home Safety Council to bring its activities to the attention of a very large audience. The subject of the exhibition was "Poisonous Plants and Berries". Once again the cartoon family, the "Trouble-Just-Comes" featured in the exhibition and there were two dozen specimens of the better known poisonous plants and berries on display. The leaflet "Poison in the Fields" prepared by the Health Education Section was in great demand and requests for further copies, as well as copies of the poster "These Fruits are Dangerous", were received for many weeks after the Show was over. The requests were not confined to Bristol, some coming from Norfolk, Sussex and parts of Wales; many were from teachers, Scout and Guide leaders and quite a number from doctors. A Silver Medal Award was won for the exhibit.

It is again fitting to conclude this report by recording our appreciation for the support of the Health Committee. The way in which the Bristol Home Safety Council was set up in 1957, with the backing of the Health Committee has served as a model to many other local health authorities who have since established home safety committees.



**Main Groups visited by Members of Speakers' Panel**

Catering Housekeepers, Bristol Technical College  
Consumer Group of Bristol Branch of Co-Operative Retail Services Ltd.  
La Retraite IV and VI Formers  
Housecraft Students, Lawrence Weston School  
Southmead Branch of Bristol N.W. Federation of T.W.G.  
Zion Methodist Young Wives' Group  
Church of the Good Shepherd Wives' Group  
St. Lukes Mothers' Union  
Rotary Club of Avonmouth  
Bristol Rotary Club  
Student District Nurses (3 groups)  
Henleaze Infants School P.T.A.  
National Council of Women (Bristol Branch)  
Weston-super-Mare Branch of Co-Operative Society Ltd.  
Headley Park Community Centre  
Redfield Girls' School  
Hanham Young Wives  
Portishead Old Folks' Association  
Medical Undergraduates in their final year (3 separate groups)  
Society of Friends, Wedmore Vale  
Speedwell Girls' School  
Matron Housekeeper Students, Bristol Technical College  
Gloucestershire Community Council (350 present)  
Frenchay Student Nurses  
Housewives Group, Bristol South Evening Institute  
Muller Road O.A.P.  
Hengrove O.A.P.  
St. Annes O.A.P.  
Wesley Memorial Women's Bright Hour.

M. Farleigh, Chairman  
P. Mackintosh, Secretary



# THE MENTAL HEALTH SERVICES

**H. Temple Phillips**

(Chief Assistant Medical Officer of Health and Senior Medical Officer for Mental Health)

and

**F. Morton**

(Mental Health Officer)

## INTRODUCTION

During 1965 a number of steps forward have been made in the provision of community care for the mentally disordered in Bristol.

The Bush Training Centre has now been in operation for almost three years and a pattern of training adapted to the excellent facilities provided in the centre has evolved. There is a clear indication that an increased demand for places for very young children, and for adults, can be expected, and some replanning and redistribution of groups within the centre may have to be undertaken. At present a major problem is created by the day care of mentally severely subnormal and physically handicapped adults, but it seems likely that in the near future the hospitals will provide special care units for this category of patient who will be conveyed from home daily in transport provided by the local authority; if this comes about more accommodation can be allocated to the more active groups who can more readily benefit from the type of training for which the centre is designed.

The Marlborough House Workshop which was reoccupied just over a year ago continues to provide an opportunity to improve the industrial ability of higher grade trainees who are of borderline employability, and it is hoped that the scope of this unit will now rapidly expand with an ultimate aim to conversion into a sheltered workshop.

Contained within the following report is an account of the take over of the Stratton Street Day Centre by the local authority from the Bristol Spastic Association. The centre will continue to provide day care for young mentally retarded and physically disabled children, particularly those who are spastic. This move reflects the local authority's appreciation of the need for day care for very young mentally retarded children, and an intention to provide as much relief as possible to the parents.

The Devon House and Marlborough House hostels have become firmly established during this their first complete year of operation. Neither have been fully occupied, but this has, in part, been due to the policy established with regard to selection of residents. It is clear that both hostels will play an extremely important part in the rehabilitation of mentally disordered persons.

In December 1965 the Minister of Health issued a memorandum H.M. (65) 104 together with a paper on "Improving the Effectiveness of the Hospital Services for the Mentally Subnormal". The paper describes the functions of the hospitals for the mentally subnormal and stress is laid on the importance of close links between the local authority and voluntary services and the family doctor. In order to bring about this unity the Ministry suggest the setting up of regional and local mental health liaison committees. It is envisaged that such a committee will be set up by the South Western Regional Hospital Board early in 1966.

Demands upon the Mental Health Service continue to increase. Improved prospects for mentally disordered persons within the community, more effective treatment of the mentally ill, and increased training facilities for the mentally sub-normal are resulting in many persons returning to live in the community who would otherwise have continued to live in hospital for many years. The committee are meeting this problem by providing clubs, hostels and day centres, but the main burden of community care still rests upon the mental welfare officers. During the year considerable difficulty has been experienced in obtaining suitable, qualified persons to fill vacancies within the section. Repeated advertisements for senior mental welfare officers and mental welfare officers have met with no success, and there has been a resultant increased burden on staff already heavily committed. The committee has pursued an active policy of secondment of officers to professional training courses with a view to the ultimate creation of a fully qualified staff, and this procedure is the more important in the absence of suitable applicants for advertised posts.

### ORGANISATION AND STAFF

The Health Committee is responsible for the control of the Mental Health Services, and has established a Mental Health Sub-Committee which meets monthly. The Medical Officer of Health is responsible to the Health Committee for the organisation and control of the Mental Health Services. To assist him in this work he has the services of a Chief Assistant Medical Officer of Health as Senior Medical Officer for Mental Health, and the following medical and non-medical staff:

						<i>Establish- ment</i>	<i>Staff at 31.12.65</i>	<i>Whole or part-time</i>
<i>Medical</i>								
*Consultant Psychiatrists	...	...	...	...	...	3	3	part-time
<i>Non Medical</i>								
Mental Health Officer	...	...	...	...	...	1	1	whole time
Deputy Mental Health Officer	...	...	...	...	...	1	1	"
Senior Mental Welfare Officers	...	...	...	...	...	4	3	"
Senior Mental Welfare Officers	...	...	...	...	...	4	1	part-time
Mental Welfare Officers	...	...	...	...	...	6	5	whole time
Trainee Mental Welfare Officers	...	...	...	...	...	3	3	"
Welfare Assistants	...	...	...	...	...	3	3	"
*Lay Psychotherapist	...	...	...	...	...	1	—	"
*Head Social Worker	...	...	...	...	...	1	1	"
*Senior Social Workers	...	...	...	...	...	6	4	"
Senior Clerical Assistant	...	...	...	...	...	1	1	"
Secretary	...	...	...	...	...	1	1	"
Clerical Assistant	...	...	...	...	...	1	1	"
Clerks	...	...	...	...	...	3	3	"
*Clerk/Receptionist	...	...	...	...	...	1	1	"
Shorthand Typists	...	...	...	...	...	2	2	"
*Shorthand Typists	...	...	...	...	...	6	6	"

\*Employed in Child & Family Guidance Service (joint service with Local Education Authority).

						<i>Establish- ment</i>	<i>Staff 31.12.65</i>	<i>Whole or part-time</i>
<i>Training Centres</i>								
Chief Supervisor	...	...	...	...	...	1	1	whole time
Supervisors	...	...	...	...	...	2	2	"
Assistant Supervisors	...	...	...	...	...	15	15	"
Trainee Assistants	...	...	...	...	...	5	4	"
Educational Psychologist	...	...	...	...	...	1	1	part-time
Speech Therapists	...	...	...	...	...	3	2	"
Teacher of the Deaf	...	...	...	...	...	1	—	"
Physiotherapist	...	...	...	...	...	1	1	"
Nursing Sister	...	...	...	...	...	1	—	"
Workshop Manager	...	...	...	...	...	1	1	whole time
Instructors	...	...	...	...	...	13	9	"
P.E. Instructor	...	...	...	...	...	1	1	"
General Duty Assistants	...	...	...	...	...	7	7	"
Clerical Assistant	...	...	...	...	...	1	1	"
Shorthand Typist	...	...	...	...	...	1	1	"
Clerk	...	...	...	...	...	1	1	"
Caretaker	...	...	...	...	...	1	1	"
Assistant Caretaker	...	...	...	...	...	1	1	"
Guides	...	...	...	...	...	11	10	part-time
Gardener Class I	...	...	...	...	...	1	1	whole time
Assistant Groundsman	...	...	...	...	...	1	1	"
Cleaners	...	...	...	...	...	14	13	part-time
Chargehand Laundrywoman	...	...	...	...	...	1	1	whole time
Laundrywoman	...	...	...	...	...	1	1	"
Kitchen Superintendent	...	...	...	...	...	1	1	"
Assistant Cooks	...	...	...	...	...	2	2	"
Assistant Cook	...	...	...	...	...	1	1	part-time
Kitchen Helpers	...	...	...	...	...	8	8	"

#### *Clubs*

Occupational Therapist	...	...	...	...	...	1	1	whole time
Handicraft Instructor	...	...	...	...	...	1	1	"
Handicraft Instructor	...	...	...	...	...	1	1	part-time
Club Organiser	...	...	...	...	...	1	1	"
Assistant Club Organiser	...	...	...	...	...	1	1	"
Caretaker	...	...	...	...	...	1	1	"

#### *Hostels*

Wardens	...	...	...	...	...	2	2	whole time
Matron Housekeepers	...	...	...	...	...	2	2	"
Matron	...	...	...	...	...	1	1	"
Assistant Matrons	...	...	...	...	...	2	1	"
Assistant Wardens	...	...	...	...	...	2	2	"
Cooks	...	...	...	...	...	2	2	"
Cleaners	...	...	...	...	...	5	5	part-time

In addition, the Professor of Mental Health acts as Honorary Consultant Psychiatrist to the Health Committee, and a Consultant Psychiatrist attends for one morning per week on a sessional basis.

#### **STAFF CHANGES**

During 1965 there have been a number of changes in social workers employed in the community mental health service.

On the 15th June Mrs. D. R. Phillips, Senior Mental Welfare Officer (joint appointment with the United Bristol Hospitals) left to take up full-time duties as psychiatric social worker in the professorial unit at the Bristol Royal Infirmary. Miss M. E. Sheen was appointed in her place in September.



Miss J. E. Bane, Mental Welfare Officer, left the section to take up an appointment in Gloucestershire; her post remains unfilled.

Mr. A. W. Tredennick was appointed to the post of trainee mental welfare officer in May. Miss S. Wheaton (trainee mental welfare officer) left the section on marriage in August.

During the year approval was given to increasing the establishment of clerical posts, and Mrs. D. Horswell was appointed to the new post.

Mrs. W. Field, Mental Welfare Officer, retired on the 16th June, and Mrs. L. Mintrim was appointed as part-time club organiser in November. Other changes have taken place in club staff but all vacancies are now filled.

In addition there have been a number of changes in the clerical and training centre staffs.

In April Mrs. M. Gibson was appointed as supervisor of the newly acquired Stratton Street Day Centre.

### **COURSES AND CONFERENCES**

The Annual Conference of the National Association for Mental Health was held on the 25th and 26th February and was attended by a member of the Mental Health Sub-Committee, the Senior Medical Officer for Mental Health, and the Mental Health Officer.

Two members of the social working staff attended a three-day course for mental welfare officers and social workers organised by the Somerset Local Health Authority from 26th to 28th February at Ilchester.

From the 2nd to 5th April the Federation of Associations of Mental Health Workers held their Annual Conference at Scarborough. This was attended by the Mental Health Officer, the Deputy Mental Health Officer, the Chief Supervisor of the Bush Training Centre and a Senior Mental Welfare Officer.

The matron of the short-stay residential unit at the Bush Training Centre attended the National Association for Mental Health Course for staffs of hostels for subnormal children held from 31st May to 4th June.

The National Association for Mental Health organised a refresher course for teachers of the mentally handicapped, at Sheffield, from the 26th to 31st July, and the Supervisor of the Bush Training Centre attended.

A Senior Mental Welfare Officer and a Mental Welfare Officer attended a week-end course held at Manor Hall, Bristol, from the 17th to 19th September. The course was entitled "Education for Tolerance".

On the 7th and 8th October the Senior Medical Officer for Mental Health and the Mental Health Officer attended the National Association for Mental Health conference on "Continuity of Treatment—Hospital and Home—Adult Psychiatric Patients".

During the year one member of the Adult Training Centre staff was seconded to the National Association for Mental Health diploma course for staffs of adult training centres, and one member of the Junior Training Centre staff was seconded to the National Association for Mental Health diploma course for teachers of the mentally handicapped. In addition a second member of the Junior Training Centre staff undertook the National Association for Mental Health diploma course for teachers of the mentally handicapped at her own expense.



## SUBNORMALITY AND SEVERE SUBNORMALITY

At the end of 1965 the number of subnormal and severely subnormal persons known to the local health authority was 836. This shows a reduction of 40 on the figure for 1964 occasioned by the fact that during the year 168 were discharged from community care, whilst 128 new cases of subnormality and severe subnormality were referred. These referrals came from the following sources:—

From :	<i>M</i>	<i>F</i>	<i>Total</i>
Hospitals ... ..	31	9	40
Local Education Authority ... ..	23	14	37
Police ... ..	4	—	4
Others ... ..	22	25	47
Total	80	48	128

These were dealt with in the following manner:—

	<i>M</i>	<i>F</i>	<i>Total</i>
Informal Care ... ..	62	36	98
Admitted to Hospital (Informally) ... ..	2	2	4
"    "    "    (Detained) ... ..	3	—	3
Placed under Guardianship ... ..	3	2	5
No Action (supervision refused) ... ..	2	2	4
Died before action could be taken ... ..	—	2	2
Pending at 31.12.65 ... ..	8	4	12
Total	80	48	128

### Waiting List

At the commencement of 1965, there were 12 names on the waiting list for admission to hospitals for the subnormal and severely subnormal and during the course of the year 38 were added. Of this total of 50, 14 were admitted to hospital and one child died. This left a total of 35 awaiting admission at the 31st December, 1965.

In addition to the 14 admitted from the waiting list, it was necessary to admit a further 39 as a matter of urgency, making a total of 53 admissions during 1965. These admissions were arranged in accordance with the following provisions of the Mental Health Act:—

	<i>M</i>	<i>F</i>	<i>Total</i>
Section 5 (Informal) ... ..	22	19	41
Section 26 (Treatment) ... ..	4	3	7
Section 29 (Emergency) ... ..	—	1	1
Section 60 (Court Order) ... ..	4	—	4
Total	30	23	53

Short-term care was provided in 173 cases as follows:—

To:	<i>M</i>	<i>F</i>	<i>Total</i>
Hortham Hospital ... ..	13	8	21
Stoke Park Hospital ... ..	25	22	47
Other hospitals ... ..	—	1	1
Bush Training Centre residential unit ...	53	51	104
Total	91	82	173

Assessment Clinics

Sessions have continued to be held at the Central Health Clinic, on the second Tuesday of each month by Dr. Lumsden Walker (10 sessions), and on the first and fourth Tuesdays by Dr. Jancar (22 sessions).

The number of attendees was as follows:—

				<i>Dr. Jancar</i>		<i>Dr. Walker</i>	
				<i>New Cases</i>	<i>Follow-Up</i>	<i>New Cases</i>	<i>Follow-Up</i>
Bristol cases	...	...	...	31	35	9	20
Other cases	...	...	...	15	8	10	8

In addition to his sessions at the Central Health Clinic, Dr. Jancar held one experimental session at the Bush Training Centre. This proved a useful innovation and it is hoped to hold such sessions quarterly in future.

BUSH TRAINING CENTRE

The Bush Training Centre has now been open for more than two and a half years and it is of interest to look at the increase in the number of trainees during that period in order to form an idea of the rate at which growth is taking place.

			<i>Number on Register</i>	
			<i>June 1963</i>	<i>December 1965</i>
Special Care Unit	...	...	6	23
Junior Training Centre	...	...	118	132
Adult Training Centre	...	...	168	184

Any assessment of future needs is difficult for several reasons. Firstly, whereas normal schools recruit from a comparatively small area, a training centre has to serve a much larger geographical region. Secondly, the intake of children into the junior training centre and the special care unit follows no regular yearly pattern and is not restricted to acceptance at the beginning of a term only. Applications are made and accepted at any time of the year, according to the individual needs, which are often pressing and urgent from the point of view of either child or the parents. The training centre, therefore, is liable to be pressed at any time to admit children from the wide age range of two to 16 years, and this has been our experience during the past 12 months.

These applications for places are mainly of the following kinds:—

1. pre-school children referred on an informal basis;
2. children who at the age of five are assessed by the Local Education Authority as unsuitable for education at school;
3. somewhat older children who have been given a chance at infant schools, failed to make progress and are referred formally by the Education Committee;
4. children from the junior special school who have not justified their places there; and
5. older boys and girls who are failing to hold their own at the senior special schools.

The yearly figures are as follows:—

*Admissions, Discharges, etc., during 1965*

Admitted	...	...	...	...	...	...	36
Discharged to hospital care	...	...	...	...	...	...	16
Transferred to Adult Training Centre at 17 years	...	...	...	...	...	...	14
Died	...	...	...	...	...	...	2
Total number of children on register of Junior Training							
Centre and Special Care Unit at 31.12.65	...	...	...	...	...	...	155
Average daily attendance during 1965	...	...	...	...	...	...	125

In the Junior Training Centre and the Special Care Unit the programme and planning which was started when the Bush Training Centre opened has been successfully maintained. The children have progressed steadily through the various groups into which the centre is divided. The most significant trend is the demand for places for ever younger children, frequent requests being received for children as young as two years of age. However, it is seldom possible to take children younger than three. Few other centres take children under the age of five years. The often dramatic improvement in these toddlers after a very few months at the centre has more than justified this experiment. These young children need a great deal of individual attention and understanding from the staff, to help them to adjust to this early separation from their mothers, who have quite frequently over-protected them as their disability was recognised. The mother must also be given extra support and easy access to the centre, in order to help her over this emotionally difficult transition.

The Adult Training Centre in turn reflects a similar growth in numbers. In two and a half years there has been an overall increase of 16 names on the register. In fact, this is a surprisingly small increase considering that there is a constant intake and only a small and intermittent outlet. The intake is supplied by:—

1. the senior girls and boys from the Junior Training Centre;
2. a number of educationally subnormal school leavers; and
3. a small number of older individuals whose relatives can no longer provide supervision and occupation for them in their homes.

The outlet from the Adult Training Centre is largely confined to a small group of boys selected for transfer to Marlborough House Workshops, as none of our adults, male or female, have been successful in securing and retaining a place in outside employment. If this present trend of growth is maintained, the pressure on the Adult Training Centre will continue until more and varied accommodation for adults can be provided. The annual figures show 184 on the register, with an average daily attendance of 155.

Industrial contracts have been maintained during the year from several local firms, and new short-term contracts with other firms have been obtained. Consequently, a steady flow of work has been available for the trainees, with a greater variety during the past few months than has previously been achieved.

This picture of the industrial activities is a reasonably satisfactory one, showing as it does considerable attention to the number and variety of contracts secured from local firms. It is essential to be always on the alert to find new and suitable work for our trainees, in case current work gives out. It is also beneficial for them to have a certain amount of variety in the working day, and it is good to broaden their experience in workshop techniques. Although some trainees resist variety, it should nevertheless be available for those who are willing and anxious to make progress, by adding to their personal repertoire of tasks successfully learnt.



In addition to contract work a number of men and women are occupied in the laundry which has considerably increased its output this year, and is now dealing with 1,200 pieces per week, including laundry for the Stratton Street Day Centre, Devon House, Marlborough House, and the Ambulance Service Stations.

Of equal importance with the workshop activities is the progress which is being gradually achieved in the direction of social training. This is a difficult concept to introduce into a regime which is geared to the completion of industrial contracts. The staff of instructors have, however, co-operated well and have seized upon opportunities when they have arisen to carry out individual sessions of teaching in pairs or small groups, or even in larger groups. Sometimes instruction can be given to one or two on the fringe of the main group while the contract work is still being carried on. Sometimes in a slack period or during temporary hold-up, an ad hoc group is formed and instruction put across in a casual manner. Great skill and understanding of the young adult is needed to realise what sort of information is of the greatest use, and in what way it could be presented without causing tedium or a negative reaction.

In addition to these efforts within the four walls of the workshop, groups are released daily for instruction outside the industrial unit. This includes a group of girls who are combining hygiene and domestic work in a practical session which is carried out in the flat at the Junior Training Centre. Speech therapy is given to the adults informally by means of group talks and discussion. We have been able to engage the services of a beauty specialist for help in the care given to appearance which is held to be a factor of the greatest importance for the individual. As time goes on, it is hoped to make further progress along these lines in the light of the present experimental approach.

An imaginative contribution to the social education programme was made by the Bristol Omnibus Company on the 19th October, 1965, by the presentation of a redundant double decker bus. This is now parked in the grounds and provides a very useful means of teaching children and adults how to use public transport in a practical and realistic way.

#### **Residential Unit**

The demand for the services of this unit has steadily increased during the past year. 104 children between the ages of 18 months and 16 years have been resident for periods ranging from a few days to several weeks. Demand, however, is very seasonal, being mainly during the summer months from April to September, with the numbers steadily dropping through the winter.

Staffing this unit has proved to be very difficult, and in fact the residential assistant matron who left in April has not yet been replaced. We have been fortunate in that the arrangement for obtaining immediate medical advice from the local general practitioners has worked very well. A voluntary service of play supervision by senior girls from the local comprehensive school at weekends has been started during the past year.

#### **Auxiliary Services**

As our knowledge of the potential development of the subnormal increases, the use of the various specialists who supplement the full-time teaching staff changes. It is becoming more and more apparent that the maximum use can be made of their special skills, when their contribution is made an integral part of the whole training and development process.



## **Educational Psychologist**

Apart from the obvious function of a psychologist, which is the carrying out of the requisite psychological tests, a number of opportunities to employ psychological knowledge constantly occur in the daily routine of the training centre. In fact, the emphasis of the work has changed over the past few years and shifted from purely psychometric activities towards the broader application of psychological principles, in a wider context of problems.

A proportion of the psychologist's time is taken up with staff consultation in a variety of questions related to the educational, social and emotional needs of individuals and groups of individuals attending the centre. This attitude has grown out of the general realisation that mental subnormality is one end of a continuous range of intellectual functioning, at the other end of which will be found the genius. Scientifically, this has long been recognised, but now it is really appreciated that the psychological principles applying to the exceptionally bright are equally applicable to the exceptionally dull. For this reason, psychological time has increasingly been used in an advisory capacity in connection with the many new projects which are in hand or contemplated for the future.

Stress which has laid upon this side of the work involving the application of psychological principles, must not exclude the study of personality, and does not diminish the necessity for information provided by knowledge of the individual's intelligence quotient. This I.Q. is still considered a useful criterion in many circumstances—e.g. in helping to decide the membership of a group or class in either the junior or adult centre. It is also one of the items which are taken into consideration in estimating chances of success in employment inside or outside the centre, but instead of being, as in times past, a single decisive factor, it is now looked on as only one facet of a complex whole. Psychological testing, in this context, is not the comparatively simple process of estimating the purely intellectual quality of a person's mind, so much as the assembling of a many-sided picture, which will fairly represent the individual personality, and arrive at a reasonable estimate of the chances of successful operation in a given environment.

Both children and adults have been interviewed throughout the past year for this type of assessment. This is a longer job than the routine test which can be run through at an average rate of two and a half in two hours, and the annual total of tests carried out is, therefore, less impressive statistically. Though it is more time-consuming to complete, this type of interview and test has been employed fairly often, particularly in cases of behaviour difficulty and in transition stages where guidance has been sought in channelling the individual into a new and suitable occupation.

In addition to this advisory, teaching, and testing work taking place in the Bush Training Centre, a number of cases have been undertaken at the request of psychiatrists through the Mental Health Section of the Health Department. These interviews—usually intelligence tests plus personality assessments—are frequently employed in cases of depression, anxiety, inability to find and hold suitable employment, and for other similar reasons. In the past 12 months, 26 such cases have been investigated.

## **Speech Therapist**

There are now two therapists attending the centre for one whole day per week. A new technique is being used in the classroom setting, in close co-operation with the

teacher. This is to enable children to use speech therapy as an integral part of their day-to-day learning, rather than as a separate subject practised in isolation from all their other activities at the centre. In this way the effort to improve communication, which is probably the greatest single problem of the subnormal, can be continued indirectly by the teacher all the time.

### **Physiotherapist**

Similarly, new methods have been sought for bringing the work of the physiotherapist more into the normal routine of the centre. Although her work is mainly based on the special care unit with the multiply handicapped children, she is linking this up with home visits paid to the parents, who are encouraged to attend group demonstrations in the classroom. This is to ensure continuity of new methods of handling and movement, introduced at the centre, being maintained at home. The children respond better to this stable routine, and the parents gain confidence in handling their severely handicapped children. In co-operation with the physical education instructor, sessions in the swimming pool for the special care children are carried out, and square dancing for young adults with less severe postural or movement problems, are organised in the gymnasium, where remedial treatment is carried out in a very enjoyable way for the trainees.

### **Physical Education**

As the trainees begin to develop some skill in organised games and sport, their enjoyment has proportionately increased. Cricket, football, netball, and swimming are the main activities, the latter having been facilitated by the voluntary help of the Bristol Mothers Swimming Club. A reasonable standard has been reached and it is now possible to arrange fixtures with outside organisations.

### **School Medical Service**

School medical officers and health visitors attend for regular sessions as in the normal school. Routine medical examination, dental inspection, hearing assessment and immunization, are regularly provided.

### **Social Activities**

The social life of the centre has continued to flourish, and many successful activities have been organised during the year. These include a Nativity play and Carol Service, Harvest Festival, Christmas Party, Sports Day and Annual Camp at Winscombe. The Parent-Teacher Association has organised several enjoyable events, including a Christmas Dance, Barn Dance and Barbecue, and a highly successful one-day conference on the future developments in the training of the subnormal.

### **Contact with Parents**

Personal contact with the parents is maintained by routine interviewing of all new trainees and their parents, before starting at the centre. An interesting and very successful development of this service has started this year, in which meetings of small groups of parents and members of the staff have been arranged to discuss any problems they are experiencing with their children who actually attend the centre. This kind of group counselling is combined with the opportunity for the parents to see their children actually at work in the classroom. It is planned to extend this service to the Adult Training Centre next term. Last year over 1,200 visitors from this country and abroad were shown round the centre, and given opportunity for discussion afterwards.





Bush Training Centre - Presentation of Double-decker Bus  
*by courtesy of the Bristol Evening Post*



Swimming Pool, Bush Training Centre



Marlborough House Hostel



The Lounge, Marlborough House



The Mental Welfare Officers continue to provide a valuable link between the home and the centre. The presence of a subnormal person in the family can cause many social problems and unless some relief is provided for such a family the whole policy of encouraging the subnormal to remain in the community may break down and much of the work at the centre fail.

#### **STRATTON STREET DAY CENTRE**

Originally sponsored by the Round Table, this unit had been operated by the Bristol Spastics Association since 1954. Paid employees had taken the place of the voluntary workers who staffed the centre in the beginning and about 20 spastics were provided with daily care and training. Most of those attending were children, all were severely physically disabled and virtually all were mentally severely subnormal.

Consequent upon the creation of the Bush Training Centre which included a purpose built special care unit, the future of the Stratton Street Centre became uncertain. In addition, the Bristol Spastics Association had provided the Dovercourt Road Spastic Work Centre and this, together with other commitments, taxed their resources to the utmost. The building stood upon land owned by the local authority and the lease was due to expire in 1973. In these circumstances the Spastics Association asked the local health authority to accept full responsibility for running the centre and this was finally agreed and took effect from 5th April, 1965.

There is no intention to change the use of the centre. It is being operated as a complement to the special care unit of the Bush Training Centre by providing day care for children who are physically unsuitable for the Bush Centre. At the end of the year there were 11 boys and six girls on the register—a total of 17 out of 24 places.

Boys and girls who are found to be in need of special care unit or Junior Training Centre training will be transferred to the Bush Centre and any children who are found to be capable of benefitting from formal education will be referred to the Local Education Authority in order that schooling can be provided. Thus the centre will fulfil both a training and diagnostic role.

Regular medical and dental examinations now take place and a physiotherapist attends on a sessional basis to carry out treatment and to advise the centre staff.

Each week four of the children, under the supervision of the staff, and the physiotherapist, visit the Bush Training Centre swimming pool where they both enjoy and benefit from exercises in the water.

During the year a number of students have worked in the centre and visitors representing a variety of professions have been welcomed.

#### **MARLBOROUGH HOUSE HOSTEL**

This large detached house was previously used as the administrative headquarters of the Mental Health Section and as part of the training centre for mentally sub-normal children and adults. Conversion to a hostel was accomplished very successfully despite the many difficulties which had to be overcome.

Provision has been made for a spacious lounge, a quiet room, a dining room, and a recreation room. Dormitories have been sub-divided into cubicles containing not more than four beds, and some single bedded rooms have been created. A homely

atmosphere has been achieved, and although the building is not an easy one to administer, it is felt that a very satisfactory hostel has been produced.

The hostel is staffed by a warden, a matron/housekeeper, and a deputy warden who are all resident. In addition two part-time cooks and three part-time cleaners are employed.

Twenty-four places are provided; of these not more than three will be allocated to "house-boys" who are unemployable but deserving of a hostel place and able to perform domestic tasks in the hostel. The majority of places will be occupied by men who are in full-time employment but who need comparatively short-term hostel care during which they can be trained to take their place in the community by being given experience in managing their own finances, purchasing their own clothes and generally by conducting themselves in an acceptable manner with a minimum of supervision.

During the year 20 men were admitted to the hostel. Of these 12 came from psychiatric hospitals in which they had been living for many years, six came from private addresses in the city and two were received on discharge from prison. Two of the men were received into temporary care during a social emergency but the other 18 were accepted for a longer term with a view to rehabilitation. During the same period there were five discharges, two at the conclusion of temporary care, two who left without giving notice of their intention to do so and one who was readmitted to hospital because of physical illness. Of the remainder, two are occupied as "house-boys" and 13 are in full employment in open industry.

As is to be expected, the majority of the men who are still in hospital but who are within the category acceptable for Marlborough House, came into hospitals from addresses many miles distant and in other local authority areas. In circular 22/59 dated 7th August 1959, the Ministry of Health foresaw this eventuality and suggested that in such cases the provision of hostel accommodation should be a matter for arrangement between the authority providing the accommodation and the authority in whose area the person previously resided. It is pleasing to be able to report that excellent co-operation has been established between the hospitals, the Bristol Local Health Authority and other local health authorities, and as a result five authorities have accepted financial responsibility for men now resident in the hostel.

This is the first year of operation but it is already clear that the hostel is fulfilling a very valuable service by providing a bridge between the hospitals and the community, and, in selected cases, by providing accommodation for men without a suitable home and thus preventing admission to hospital.

The hostel staff are closely supported by the administrative and social work staff and frequent case conferences are held to discuss the welfare and progress of residents in the hostel.

#### **Marlborough House Workshops**

This small workshop, started late in 1964, in part of the old Adult Training Centre at Marlborough House, has become firmly established during 1965.

The number of male trainees involved has doubled to 12. During the year three trainees have been accepted into normal employment and have been replaced by others from the Bush Training Centre and boys newly referred on leaving special schools.

The object of the workshop is for the trainees to work in an atmosphere as close as possible to that of normal industrial conditions. During the year two trainees had to be returned to the Bush Training Centre as unsuitable for further industrial training.

Trainees work from 8.30 a.m. to 4.30 p.m. Mondays to Fridays, with normal lunch breaks. They all travel to and from the workshop by public transport, and their fares are refunded. They are provided with a mid-day meal, supplied from the Bush Training Centre, free of charge.

The major work carried out has been certain repetitive processes connected with carrier bags and aluminium tubes for tent kits.

The trainees have made two visits of observation to local factories during the year.

## MENTAL ILLNESS

Altogether 547 patients were referred during the year, 220 female and 327 male. The total referrals represent 1.27 persons per 1,000 population (430,900). 437 of those referred had not had previous psychiatric treatment.

These referrals were dealt with by the mental welfare officers in the following ways:—

	<i>M</i>	<i>F</i>	<i>Total</i>
Admitted to Hospital (Detained) ...	114	166	280
Admitted to Hospital (Informal) ...	30	27	57
Community care ... ..	28	68	96
Investigation only ... ..	42	57	99
To Welfare Services ... ..	—	3	3
To L.H.A. Residential Units ...	6	6	12
	220	327	547

## DEVON HOUSE HOSTEL

This hostel provides places for 10 men and four women who are suffering from chronic psychosis.

In accordance with the established policy only those persons who are expected to become suitable to move on into lodgings within a period of 18 months or two years are accepted, and selection on these lines has resulted in unoccupied beds at the close of the year, but this has been thought preferable to filling beds with people who would remain in the hostel permanently.

Between the 8th August 1964, when the hostel opened, and the end of 1964, nine men were admitted to the hostel and during the same period two left to return to hospital.

Thus, at the commencement of 1965, there were seven men in residence. During the year a further four men and six women have entered the hostel. In the corresponding period five men and one woman have left to go into lodgings. One man has returned to hospital and one woman has moved to another hostel. On the 31st December 1965, there were, therefore, five men and four women in residence.

This detached house was previously the home of a Bristol general practitioner. It is a pleasant building which has been well adapted for its present use. There is a staff of warden and matron/housekeeper who are resident and a non-resident deputy warden. In addition there are three part-time cooks and two part-time cleaners.



The majority of the residents have worked in Industrial Therapy Organisation or in factory sheltered groups organised from I.T.O. A small number are in open employment.

Close collaboration has been maintained between the local health authority staff, consultant psychiatrists and general practitioners. Regular case conferences are held in the hostel at which progress made by individual residents is noted and problems are discussed in detail.

Although the hostel has only been in being for a little more than a year, many visitors have been welcomed from a variety of professions and countries. There are indications that residents are deriving considerable benefit from hostel care together with the close support of the mental welfare officers, and we look forward to continued progress in 1966.

SUICIDE AND ATTEMPTED SUICIDE

The following table is an analysis of the 1964 cases:—

				<i>Suicide</i>			<i>Attempted Suicide Reported to Mental Welfare Officers</i>		
				<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
Poisoning :									
Aspirin	...	...	...	—	—	—	1	1	2
Barbiturates	...	...	...	1	—	1	2	2	4
Coal gas	...	...	...	13	7	20	4	3	7
Narcotic	...	...	...	1	7	8	1	3	4
Unspecified	...	...	...	—	—	—	6	18	24
Jumping from Bridge	...	...	...	—	1	1	1	—	1
„ „ gorge	...	...	...	1	—	1	—	—	—
„ „ window	...	...	...	—	—	—	3	2	5
„ „ under vehicle	...	...	...	—	—	—	1	1	2
Burning	...	...	...	—	1	1	—	—	—
Cutting wrists	...	...	...	—	—	—	1	3	4
Drowning	...	...	...	—	1	1	—	1	1
Hanging	...	...	...	—	2	2	—	—	—
Strangulation	...	...	...	—	—	—	—	1	1
Electrocution	...	...	...	1	—	1	—	—	—
Totals				17	19	36	20	35	55
<i>Age Incidence</i>									
Under 20	...	...	...	—	—	—	2	3	5
20—29	...	...	...	1	1	2	7	10	17
30—39	...	...	...	2	1	3	2	7	9
40—49	...	...	...	4	5	9	4	6	10
50—59	...	...	...	5	4	9	1	3	4
60—69	...	...	...	4	6	10	2	5	7
70—79	...	...	...	1	2	3	1	1	2
80 and over	...	...	...	—	—	—	1	—	1
Totals				17	19	36	20	35	55

SOCIAL THERAPY AND REHABILITATION

Social Therapy Club

This club, first opened in 1953 within Southmead Clinic, Monks Park Avenue, has now spent a complete year in its new surroundings at Somerset House, Kingsdown Parade, which became vacant on the opening of the Bush Training Centre.



Some initial reluctance on the part of members to accept the new premises has disappeared. On the register there are now 47 names, and average daily attendance is 20. Wherever possible members travel to and from the club by public transport and fares are refunded. Others continue to be transported by arrangement with the Ambulance Service.

Club activities follow the same general lines of occupational therapy, weekly socials (including films), outings to theatres, seashores, and places of interest, play-reading and discussion groups.

Help formerly given by voluntary bodies is no longer available. In addition two staff members have left for other employment and only one replacement has been made. This has naturally restricted the range of activities which might be made available.

The club continues its extremely valuable part in the local health authority's community mental health care and after-care service. The members attending have received treatment for mental illness but have been left with a residual social problem. While membership of the club is for an indefinite period, every effort is made to keep members in the community and to get them back into full employment or to make use of the services available from the Industrial Rehabilitation Unit or the Industrial Therapy Organisation.

#### **Steevens House Club for Elderly Mentally Disordered Persons**

This club has continued to cater for the more elderly, usually over the age of 70. The clubroom at Steevens House Almshouses, Old Market Street is made available by the Trustees, free of charge, although the local authority makes an annual donation towards running costs. Again the general pattern of activity covers occupational therapy, outings and film shows. Some members are not able to take an active part in activities but obviously derive benefit from attending.

The register now contains 24 names and daily attendance averages about 12. Some members, of course, do not attend every day, but there is a high percentage who do.

Transport is provided by Corporation owned minibuses, although a small number of members prefer to use public transport and their fares are refunded.

Some of the elderly persons living in the almshouses, as well as the warden (a trained nurse) continue to attend many sessions, and this interchange proves to be a most valuable asset to everyone concerned.

#### **King Street Club**

Following the retirement of Mrs. W. Field as leader, the original use of this club for subnormal girls in employment in the city had to be suspended; at present no revival of this provision is anticipated.

A social club was started in September 1964, being held on Tuesday evenings only and having the aim of helping to re-establish people who have suffered from mental illness. They were, in the main, people able to go to work. The senior mental welfare officer mainly responsible for starting this venture has now left the department. An appointment of Mrs. L. Mintrim as part-time club organiser enabled the club to be brought into fuller use from November 1965.

The Tuesday evening club continues to function following the same general pattern of social activities. No meeting is held in the afternoon on this day. On the other afternoons (except Saturday and Sunday) the club is opened between 1.30 p.m. and 4 p.m. to cater for persons (some of whom had been attending the Somerset House Club) who will, in due course be able to take employment again, often after passing through the sheltered conditions provided by the Industrial Therapy Organisation. Numbers are, so far, very small.

During the year some 55 people have taken advantage of the club facilities, although average attendances show an average of 12 per session. All persons attending use public transport, and the afternoon attenders have their fares refunded.

A donation of a billiard table has enabled billiards and snooker to be taken up and provision has been made for other indoor activities. Members are encouraged to take an active part in the running of the club.

### **Townsend Youth Club**

The Townsend Youth Club continues its work for the mentally handicapped boys and girls in Bristol, and, in fact, there is evidence that club activities have become a focal point in their lives. There are approximately 100 names on the register of which 80 are in regular attendance. The usefulness of this organisation is becoming more and more apparent, and club members now have a sense of belonging, and appreciate what is being done for them. In all aspects of club life the members reflect credit on the club leaders and Management Committee, and in so doing have proved that this club is an essential part of the community mental health service.

In 1964, during Club Week, the club was honoured by a civic visit, and this led to an even greater interest being shown in the club by the Youth Services Department who, during 1965, organised several visits of groups of students taking part in the youth leadership course.

The usual club activities continue to flourish. Visits of interest have been arranged and enjoyed by all the members.

The local health authority continues to allow the club to use the building at Somerset House and provides transport for those club members unable to travel by public transport.

The total attendances for the year were 5,061.

## CLASSIFICATION OF PATIENTS REFERRED TO MENTAL WELFARE OFFICERS AND ADMITTED TO HOSPITAL UNDER DETENTION

HOSPITAL ADMISSIONS																						
Section 25																						
Mental Illness		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
M	F	20	20-29	M	F	30-39	M	F	40-49	M	F	50-59	M	F	60-64	M	F	65-74	75-79			
Under 20	20	20-29	30-39	40-49	50-59	60-64	65-74	75-79	80 & over	Total	Male	Female	GRAND							Total	Male	Female
3	1	20	19	6	14	16	21	5	24	5	8	10	15	—	6	3	3	68	111			
179																						
Totals																						
3	1	20	19	6	14	16	21	5	24	5	8	10	15	—	6	3	3	68	111			
179																						
Section 26																						
Mental Illness		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Subnormality	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
—	2	4	2	6	2	6	4	2	8	2	3	—	—	—	1	—	—	20	22			
42	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1			
3	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	2	2			
4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Totals																						
—	2	5	3	8	3	7	5	2	8	2	3	—	—	—	1	—	—	24	25			
49																						
Section 29																						
Mental Illness		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Severe Subnormality	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
—	1	9	4	5	5	5	10	3	6	2	3	1	2	—	1	—	—	25	32			
57	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1			
1																						
Totals																						
—	1	9	5	5	5	5	10	3	6	2	3	1	2	—	1	—	—	25	33			
58																						
Section 60/61																						
Mental Illness		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Subnormality	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1			
2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—			
2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—			
Totals																						
—	—	4	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	5	1			
6																						
GRAND TOTALS																						
3	4	38	27	20	22	28	37	10	38	9	14	11	17	—	8	3	3	122	170			
292																						

# MENTAL HEALTH STATISTICS FOR 1965

	Mentally Ill						Subnormal						Severely Subnormal						Totals					
	Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over		
	M	F	M	M	F	F	M	F	M	M	F	F	M	F	M	M	F	M	M	F	M	F	M	F
1. <i>Number of patients under Local Health Authority care at 31.12.65</i>																								
(a) Under Guardianship ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Attending Training Centre or Workshop ...	—	—	—	—	—	—	10	7	12	28	82	55	93	76	92	62	105	104	92	62	105	104	363	90
(c) Attending Social Clubs ...	—	—	25	61	—	—	—	—	1	3	—	—	—	—	—	—	—	26	64	—	—	26	64	90
(d) Resident in L.H.A. Hostels ...	—	—	6	4	—	—	—	—	12	—	1	1	2	—	1	1	20	4	1	1	20	4	26	26
(e) Visited and not included (a) to (d) ...	—	—	52	43	—	—	2	1	66	115	7	27	151	70	9	28	269	228	9	28	269	228	534	534
TOTALS ...	—	—	83	108	—	—	12	8	91	146	90	83	249	150	102	91	423	404	102	91	423	404	1,020	1,020

2. <i>Number of patients in Local Health Authority area on waiting list for admission to hospital at 31.12.65</i>																								
(a) In urgent need of hospital care ...	—	—	—	—	—	—	—	—	1	—	4	4	—	1	4	4	1	1	4	4	1	1	10	10
(b) Not in urgent need of hospital care ...	—	—	—	—	—	—	1	—	2	2	5	5	4	6	6	5	6	8	6	5	6	8	25	25
TOTALS ...	—	—	—	—	—	—	1	—	3	2	9	9	4	7	10	9	7	9	10	9	7	9	35	35
3. <i>Number of admissions to temporary care during 1965</i>																								
(a) To N.H.S. Hospitals ...	—	—	—	—	—	—	1	3	7	3	8	6	12	18	9	9	29	21	9	9	29	21	68	68
(b) To L.H.A. Residential accommodation ...	—	—	—	—	—	—	9	4	—	—	44	47	—	—	53	51	—	—	53	51	—	—	104	104
(c) Elsewhere ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	1	1
TOTALS ...	—	—	—	—	—	—	10	7	7	3	52	54	22	18	62	61	29	21	62	61	29	21	173	173



# CASES REFERRED TO MENTAL WELFARE OFFICERS DURING YEAR ENDED 31st DECEMBER, 1965

ADMITTED TO HOSPITAL																								
DETAINED																								
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Male	Female	GRAND
Under 20	20-29	30-39	40-49	50-59	60-64	65-69	70-74	75-79	80 & over	Total	Total	TOTALS												
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mental Illness	2	4	33	25	18	21	29	35	9	39	8	13	9	13	3	5	—	8	3	3	114	166	280	
Subnormality	2	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	6	
Severe Subnormality	1	—	1	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	6	
Totals	5	4	36	28	20	22	29	35	9	39	8	13	9	13	3	5	—	8	3	3	122	170	292	
ADMITTED TO HOSPITAL																								
INFORMAL																								
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mental Illness	—	3	7	—	10	9	8	6	3	3	1	1	—	2	1	2	—	1	—	—	30	27	57	
Subnormality	4	2	1	—	1	—	—	3	2	2	—	1	1	—	—	—	—	—	—	—	9	8	17	
Severe Subnormality	9	3	2	4	9	2	—	1	—	—	—	—	—	1	—	—	—	—	—	—	13	11	24	
Totals	13	8	10	4	13	11	8	10	5	5	1	2	1	3	1	2	—	1	—	—	52	46	98	
TEMPORARY RESIDENTIAL																								
CARE																								
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Subnormality	10	8	2	1	1	—	1	1	2	—	1	—	—	—	—	—	—	—	—	—	17	10	27	
Severe Subnormality	63	54	10	8	—	5	1	3	—	2	—	—	—	—	—	—	—	—	—	—	74	72	146	
Totals	73	62	12	9	1	5	2	4	2	2	1	—	—	—	—	—	—	—	—	—	91	82	173	
COMMUNITY CARE																								
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mental Illness	2	2	5	5	9	7	5	19	4	11	3	7	2	6	2	7	—	3	2	1	28	68	96	
Subnormality	16	13	10	7	3	2	4	5	1	2	—	—	—	—	—	—	—	—	—	—	34	29	63	
Severe Subnormality	28	12	4	3	9	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	35	18	53	
Totals	46	27	19	15	8	10	10	25	5	14	3	7	2	6	2	7	—	3	2	1	97	115	212	
ADMITTED TO HOSTELS																								
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mental Illness	1	—	—	1	2	1	2	1	1	2	—	1	—	—	—	—	—	—	—	—	6	6	12	
Subnormality	—	—	3	—	2	—	1	—	4	—	1	—	—	—	—	—	—	—	—	—	11	—	11	
Severe Subnormality	1	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	4	
Totals	2	—	3	1	4	1	6	1	5	2	1	1	—	—	—	—	—	—	—	—	21	6	27	
NOT DEALT WITH UNDER																								
MENTAL HEALTH ACT 1959																								
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
No action necessary	7	3	8	5	5	6	10	16	4	6	3	2	1	9	1	5	1	4	2	4	42	60	102	
To Welfare Services	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—	—	—	3	9	
Died before action taken	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
Totals	7	4	8	5	6	6	10	17	4	6	3	2	1	9	1	7	1	4	2	4	43	64	107	
GRAND TOTALS																								
...	146	105	88	62	52	55	65	92	30	63	17	25	13	31	7	21	1	16	7	8	426	483	909	

# AMBULANCE SERVICE

R. F. F. Wood

(Chief Ambulance Officer)

## General

In the early part of the year members of the Health Committee were shown plans and a model of the proposed new teaching hospital project. In this very ambitious scheme it was anticipated that ambulance service vehicles would go to one entrance leading to a reception hall where all patients would be received by the hospital staff. Unfortunately due to site difficulties it was pointed out that the ambulance service would have to be prepared to discharge and load patients at a number of separate points throughout the hospital precinct. The revised arrangements were noted with regret but it was anticipated that assistance would be forthcoming in the possible installation of closed circuit television linking all the loading points with the transport office and the ambulance sub-control to be established in the new building.

Thanks are due to the Board of Governors of the Teaching Hospital for their willingness to permit the ambulance service to erect a radio aerial mast on the roof of the Maternity Hospital. The aerial mast had for the past 12 years been on the Royal Fort tower of Bristol University. The new site is excellent in many respects, but it does not afford good reception in the central areas of the City. Special arrangements have had to be made to overcome this difficulty.

It was with great pleasure that the ambulance service accepted four police cadets during the year for training with ambulance crews. This experiment proved to be worthwhile and provided valuable experience both for the young members of the Police Force and the members of the ambulance service entrusted with their training.

Despite the circular from the Ministry of Health suggesting that two-tone horns should become the recognised emergency sound, the Health Committee decided to acquaint the Minister that the present system of sirens, which had proved to be so effective in creating a clearway for ambulances on emergency runs in the City, would remain until further notice.

A Mufax facsimile machine was installed during the year in the control room at the Central Health Clinic and linked with the transport office and sub-control at the Bristol Royal Infirmary. This enabled messages to be transmitted on special forms from the hospital and the reproduction used as a working copy of an ambulance case paper in the main control room, thereby saving time in writing and rewriting transport requests.

The driver/attendant establishment was raised by two men from 103 to 105 during the year. 14 new vehicles were purchased, making the current number of front line vehicles available to the service 34 ambulances and 22 dual purpose, a total of 56 vehicles.

Various pieces of equipment were purchased during the year, not the least amongst which was an American type stretcher-chair. This has proved very useful, especially in relation to patients being transported by rail.

A team was entered for the ambulance competition organised by the National Association of Ambulance Officers and held in the City of Gloucester. The competition was well organised and well attended. The Bristol team were third in the final placings.

## **Supplementary Services**

Sincere thanks are extended to the British Red Cross and St. John organisations who have helped consistently with the provision of escorts for long distance cases throughout the year. The work put in by the volunteers is much appreciated by both the patient and the ambulance service.

The Hospital Car Service has once again provided valuable help at all times and frequently at very short notice.

British Rail has been requested on so many occasions and at very short notice to provide accommodation for patients travelling long distances to their homes in the region and many places throughout the country. At all times have requests been received with courtesy and understanding, and in the main the necessary reservations have been forthcoming.

## **Avonmouth Docks Ambulance**

The use of this ambulance has resulted in a considerable number of cases being dealt with in the Avonmouth area, which would have caused considerable operational difficulties if they had had to be covered by the Bristol service.

## **Transport Department**

All the vehicles of the ambulance service have to be sent to depots of the City Transport and Cleansing Department for servicing, repair and repainting when necessary. Thanks are therefore due to the Transport and Cleansing Officer and his staff for their efforts throughout the year to maintain the vehicle fleet in good appearance and repair.

## **Awards**

A Certificate of Merit was presented by the St. John Ambulance Association to Driver Stratford for saving the life of a severely injured motor cyclist whilst off duty.

Safe driving awards were made to 73 members of the Service at a special function arranged for this purpose and attended by members of the Health Committee.

## **Obituary**

John Ward, who entered the service in 1952 and eventually became a member of the control room staff, died in Southmead Hospital on 25th April. He had a long and painful illness, but his courage and cheerfulness endeared him to all who came in contact with him.

## **Statistics**

### **Emergency Cases**

### **General Load**

The increase in cases was small—2 per cent—and the type of case dealt with followed very closely the pattern of previous years. The slightly higher percentage was dealt with mainly during the morning shift, although the last two hours of the day (10 p.m. to midnight) showed an increase of 50 cases. These were mainly in the central area and were dealt with by the Ellbroad Street depot.



### Times of Calls

The time of day in which ambulances were called shows no marked change from previous years. For ease of comparison the day has been broken down into four periods which bear some relationship to the shift scheme for personnel.

From midnight to 7 a.m. there was a weekly average of 10·5 cases; from 7 a.m. to 2 p.m. 55·6; from 2 p.m. to 10 p.m. 66·7. The calls between 10 p.m. and midnight averaged 15·8 per week, but on Fridays during this period there was an average of 3·7 cases and on Saturday 3·1. These figures compare with 1·8 for all other days of the week.

### Origin of Call

**Resting Point**—All in all 13·3 per cent of cases were dealt with from a resting point (usually a hospital) but between the hours of 7 a.m. and 2 p.m. the proportion was 15·4, whereas from midnight to 7 a.m. only 5·5 of the cases answered from this point.

**On road**—Ambulances on road dealt with 28·7 of all cases. Here again about 32·0 of cases from 7 a.m. to 10 p.m. were answered by ambulances compared with 12·1 night cases.

**Depots**—During the day 56·7 per cent were dealt with by vehicles setting out from depots and about half came from Ellbroad Street. From midnight to 7 a.m. four out of five cases were serviced from depots.

### Time to Complete Case

For all practical purposes this represents the time from receiving the call until getting the patient to hospital. The proximity of hospitals in the north and central areas accounts for the fact that more than 90 per cent of cases were completed in less than 50 minutes in the north-east and central districts. In the north-west (Avonmouth) there is more time required to arrive at the scene. The lack of hospitals on the south side to some extent nullifies the advantages gained by their reasonable speed which ambulances from an ambulance station in this area reach the scene.

### General Cases

There was a considerable reduction in the general and infectious cases handled during the year. The reason for such a decrease was at no time apparent, and the service never at any time appeared to have a slack period. One explanation of the latter may well be that with the rapid expansion and growth of housing estates on the periphery, e.g. Stockwood, the number of miles travelled, even with one patient, would show an increase, and the time factor involved would also be greater.

A number of extra clinics were started during the year and as some of the treatment sessions were during the evening time it meant that vehicles were kept fully occupied until well into the late evening.

It would have been of considerable assistance to the service if the largest users, i.e. the hospitals, could have co-ordinated journeys and so arranged appointment times that vehicles of the service were able to avoid travelling to the outskirts of the City with a small number of patients at all too frequent intervals. Such co-ordination would have permitted a better service to patients attending hospital as out-patients and released some vehicles for immediate response to emergency cases.



# EMERGENCY CASES — 1965

<i>Vehicles responding from</i>	<i>Time to scene from receipt of call (in minutes)</i>				<i>TOTAL CASES</i>
	<i>Within 9</i>	<i>Percentage of Cases Within 14</i>	<i>Within 19</i>	<i>Within 24</i>	
Resting Point ... ..	69·7	91·6	98·7	99·0	1,030
On Road ... ..	71·5	91·2	97·2	99·4	2,216
Ellbroad Street ... ..	78·1	92·8	98·1	99·5	2,223
Fishponds ... ..	68·8	89·6	96·3	98·5	927
Hemplow ... ..	64·3	90·3	97·5	99·2	1,233
Other (incl. car docks) ...	60·0	85·6	94·3	98·2	102
All cases ... ..	71·6	91·2	97·5	99·2	7,731

## EMERGENCY CASES WITHIN THE CITY BOUNDARY

<i>Percentage of Population</i>	<i>NW</i> 21·1	<i>NE</i> 14·7	<i>NC</i> 28·6	<i>SC</i> 10·3	<i>SW</i> 17·6	<i>SE</i> 7·7	<i>CITY</i> 100·0
Midnight—7 a.m. ... ..	1·1	0·8	2·6	1·0	1·0	0·6	7·1
7 a.m.—2 p.m. ... ..	4·7	3·8	13·2	6·8	5·8	3·2	37·5
2 p.m.—10 p.m. ... ..	6·3	4·5	16·0	7·8	7·4	2·8	44·8
10 p.m.—Midnight ... ..	1·1	0·8	4·9	2·0	1·3	0·5	10·6
% of all cases dealt with ...	13·2	9·9	36·7	17·6	15·5	7·1	100·0
% of City cases which were :							
Road Accidents ... ..	34·3	32·6	24·3	21·3	20·7	23·9	25·3
Falls ... ..	24·6	26·1	24·8	27·3	32·5	30·7	27·0
Sudden Illness ... ..	13·3	15·6	25·1	25·4	12·5	12·0	19·8
Poison ... ..	6·8	5·3	5·6	3·8	4·9	4·9	5·2
Urgent Maternity ... ..	6·2	4·1	5·4	3·1	8·1	5·4	5·4

TOTAL 7,650

# EMERGENCY AMBULANCE SERVICE TIME TO SCENE — ALL CASES 1965

AREA	MINUTES												TOTAL No.
	No.	%	10-14 No.	%	15-19 No.	%	20-29 No.	%	30-39 No.	40-49 No.	50-59 No.	60+ No.	
North West	420	42.0	316	31.6	185	18.5	66	6.6	9	3	—	—	999
North East (incl. Glos.)	600	76.6	143	18.3	26	3.3	13	1.7	—	1	—	—	783
North Central	2,448	86.8	310	11.0	49	1.7	12	—	—	—	—	—	2,819
South Central	1,159	85.5	160	11.8	26	1.9	11	0.8	—	—	—	—	1,356
South East	329	61.5	145	27.1	41	7.7	15	—	3	1	1	—	535
South West (inc. Som.)	576	46.5	442	35.7	157	12.7	57	4.6	5	1	—	1	1,239
Total	5,532	71.6	1,516	19.6	484	6.3	174	2.2	17	6	1	1	7,731

# CARE AND AFTER-CARE

## CARE OF THE AGED

J. F. Skone

(Deputy Medical Officer of Health)

### Statutory Services

#### HOUSING COMMITTEE

Most bed-sitting room and one-bedroom flat accommodation is occupied by old people and details are given below:—

##### (a) Pre-War Estates

A further 14 houses were converted in 1965 to make 28 flats, making a total to date at the 31st December 1965 of 140 house conversions, providing 280 units of accommodation.

##### (b) Post-War Programme

By the 31st December 1965, 3,323 one-bedroom and bed-sitting room flats had been completed. The units completed during 1965 were distributed as follows:—

<i>Estate</i>	<i>Erected</i>
Brislington ... ..	28
Easton ... ..	12
Hartcliffe ... ..	61
Henbury ... ..	62
Lawrence Hill ... ..	70
Lockleaze ... ..	17
Redcliff ... ..	91
Redfield ... ..	15
St. George ... ..	12
St. Paul ... ..	4
Total ... ..	372

The dwellings at Brislington, Easton, Lockleaze, Redfield, St. George and St. Paul were built specifically for occupation by elderly persons and five of the 62 at Henbury were for elderly persons; thus a total of 105 out of 372 small units of accommodation were for the elderly, a percentage of 28 per cent of the small units. The majority has been let to elderly persons.

There are 709 one-bedroom units of accommodation under construction, 261 of which are specifically for elderly persons.

##### (c) Proportion of Small Units of Accommodation

	<i>1 Bed and B.S.R. Flats</i>	<i>Total Number of Dwellings</i>	<i>Percentage</i>
Pre- and Post-War ... ..	3,895	40,881	9·5
Post-War ... ..	3,323	25,998	12·8
Contracts scheduled to commence in 1966 ... ..	314	932	33·7

Included in the figure of 314 is a total of 174 dwellings built specifically for elderly persons.

## WELFARE SERVICES COMMITTEE

The Welfare Services Committee is responsible either directly or through the agency of voluntary bodies for providing residential accommodation for persons in need of care and attention; services to handicapped people, including the blind and deaf, many of whom are old; safeguarding the property of people admitted to hospitals or other institutional accommodation; burials or cremations where no relative can assist; and meals to old and infirm people living in their own homes and the provision of club facilities for elderly people.

The details and capacity of accommodation provided under Part III of the National Assistance Act can be summarised as follows:—

*100 Fishponds Road	...	...	...	...	475
5 All Saints Road	...	...	...	...	17
119 Pembroke Road	...	...	...	...	20
159/161 Redland Road	...	...	...	...	22
9 Priory Road	...	...	...	...	21
Bourton Grange	...	...	...	...	31
"Gleeson House", Oldbury Court	...	...	...	...	45
"St. Peter's", Bishopthorpe Road	...	...	...	...	45
Meadowsweet, Small Lane, Fishponds	...	...	...	...	197
Total					873

\* Excludes temporary accommodation

The Department supervises 27 homes for old people accommodating 528 residents registered under Section 37 of the National Assistance Act 1948, while 483 blind people live in three homes administered by Bristol Royal Workshops for the Blind.

Advice on health matters is given and administrative health arrangements are made by the Medical Officer of Health on behalf of the Welfare Services Committee and nine general practitioners provide general medical services for the residents of the Council's homes.

### Mobile Meals

The mobile meals service is provided by the Welfare Services Committee, and delivered by the Committee's own staff, Bristol Old People's Welfare Incorporated, and the Women's Voluntary Service. By the end of 1965 2,500 meals per week were being provided.

## HEALTH COMMITTEE

The Health Committee is responsible for domiciliary services for many old people including:—

### Chiropody Service

The elderly, the physically handicapped irrespective of age, and expectant mothers benefit from the services of the Health Committee. In addition, Corporation chiropodists provide a service in homes for elderly people maintained by the Welfare Services Committee and for the School Health Service.

The demand for chiropody services, established for the aged, continues to increase. The preventive element of keeping old people ambulant cannot be overstated. It is sometimes thought that these services are palliative expedients for the



sole purpose of relieving pain, but although the humanitarian aspects of such thoughts are commendable, they don't fully reflect the true position. In fact a large proportion of the patients, especially those having treatment at home, would not be walking at all if they didn't receive intensive foot care.

The pressure on the domiciliary service has been particularly great and the request for treatment is usually initiated by the family doctor who makes the initial application on behalf of the patient.

More active elderly people attend 12 clinics and health centres for treatment. During 1965, 1,370 new patients were examined in clinics and during the year 3,929 were treated. Altogether 2,150 clinic sessions were held and 17,200 treatments carried out. During 1965, 418 new patients were examined in their own homes and during the year 1,710 patients were treated in 6,588 visits.

During 1965, 2,804 treatments were carried out in Corporation old people's homes, and details of the numbers treated are as follows:—

100 Fishponds Road	
(approx. 475 residents)	4 sessions per week
Meadowsweet (approx. 200 residents)	3 sessions per week.
Gleeson House and St. Peter's Home	1 session per week, alternating
Redland Road	
Priory Road	1 session per week, alternating.
All Saints Road	
Pembroke Road	
The Grange, Flax Bourton	1 session per 3 weeks.

#### Retirement Clinics

Dr. Patricia Thomas reports:

In the first full year in which the Clinic at St. George Health Centre has run one session weekly, 121 new patients were seen, and came from the following sources:—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Age/Sex Register ...	28	42	70
Referred by G.P. ...	17	34	51

All patients have a full social and medical history taken and then undergo a complete physical examination including Hb., E.C.G., urinalysis and fundal examination. In the course of the year, tonometry was introduced to detect early chronic glaucoma; so was cervical smearing. Thirty of these patients have also been interviewed by a psychologist engaged in the study of mental attitudes of sexagenarians.

The chart below summarises the main defects found:—

	<i>M</i>	<i>F</i>
1. Underweight ... ..	4	10
2. Overweight ... ..	6	13
3. Raised B.P. (over 170/120) ...	13	32
4. Low Hb. under 80% ... ..	18	36
5. Urine—sugar ... ..	—	1
calcium ... ..	29	33
6. Referred to physiotherapy ...	10	22
7. Referred to chiropodist ...	9	11
8. Raised intra-ocular pressure ...	—	2

There is now a regular weekly physiotherapy session for older people. Previously, the number of referrals had been limited through lack of facilities.

Weight abnormalities are referred directly to the dietician and other abnormalities are discussed with the general practitioner and the necessary treatment arranged.

A second clinic was started in October at Corbett House Clinic.

**Health Visiting Service**

The special health visitors dealing with the sick and aged visited 1,646 new cases during the year compared with 1,695 during 1964 and 1,658 in 1963. More than 90 per cent of the cases were over the age of 65. A fifth of the new cases were strokes and one in ten suffered from rheumatoid arthritis.

In addition to the new cases coming on to the books in 1965, 1,912 other cases were visited for the first time during the year either by the special health visitors or the welfare assistants who were appointed during the year.

Altogether 11,094 successful visits were made, of which 4,579 were undertaken by the welfare assistants. The welfare assistants do not visit new cases nor do they arrange the admission of patients to hospital or old persons' homes. These responsibilities fall upon the special health visitors who also arrange for domestic assistance.

A number of old people do have some routine visiting by the district health visitors and in 1965 they made 687 such visits.

<i>Cases visited for the FIRST TIME IN CURRENT YEAR</i>							<i>Males</i>	<i>Females</i>
1.	65 years of age and over	...	...	...	...	...	905	2,359
2.	Under 65 years of age	...	...	...	...	...	107	187
3.	Number in '1' visited at special request of G.P. or hospital	...	...	...	...	...	1,302	
4.	Mentally disordered persons	...	...	...	...	...	15	
5.	Number in '4' visited at special request of G.P. or hospital	...	...	...	...	...	11	
6.	Persons discharged from hospital other than mental hospitals	...	...	...	...	...	271	
7.	Number in '6' visited at special request of G.P. or hospital	...	...	...	...	...	252	
	Number of cases referred to hospitals for admission	...	...	...	...	...	442	
	Actual number admitted	...	...	...	...	...	210	
	Actual number died awaiting admission	...	...	...	...	...	15	
	Number of cases referred to old people's homes	...	...	...	...	...	295	
	Actual number admitted	...	...	...	...	...	74	
	Actual number died awaiting admission	...	...	...	...	...	10	
	Total number of deaths	...	...	...	...	...	633	
	Mobile meals arranged	...	...	...	...	...	418	
	Nursing equipment and linen arranged	...	...	...	...	...	1,220	
	Convalescent holidays arranged	...	...	...	...	...	185	
	Other assistance given	...	...	...	...	...	2,030	
	Total number of household visits during the year	...	...	...	...	...	10,278	

**Home Help Service**

At the end of the year there were 11 full-time and 651 part-time home helps, a reduction of seven full-time and an increase of 51 part-time home helps as compared with the previous year.

Home helps gave 656,574 hours of help during the year; 612,126 hours, or 93·2 per cent of all hours worked by home helps were devoted to the assistance of a total of 3,712 old and chronically sick people, an increase of 252 compared with 1964.

**Home Nursing Service**

There were 68 full-time and 11 part-time Queen's Nurses. The figures relating to complete cases during the year are:—

1,740 patients under 65 years of age were nursed in 27,291 visits;  
 2,773 patients over 65 years of age were nursed in 61,411 visits.  
 A total of 6,989 patients were nursed in 223,089 visits during the year.

### Laundry Service

The laundry service organised by the Department on behalf of the aged and infirm continued to operate during the year.

Details of the service were as follows:—

Number of visits	...	...	13,839
Articles laundered	...	...	36,596

The number of persons for whom the service was provided was 524. Of these, 112 patients were transferred from 1964.

Transport for the collection of soiled linen and delivery of laundered sheets and gowns continued to be provided by the staff at the disinfecting station and the services of the laundry run by the Welfare Services Department at 100 Fishponds Road operated as in previous years. The mileage involved in the service amounted to 14,654.

The Health Committee increased its grant as from 1st April 1965, from £250 to £350 to the Bristol Old People's Welfare Incorporated, towards the laundry service maintained by that organisation.

### Night Watcher Service

The night watchers continued to give relief in the night care of chronically sick persons. During the year, 1,477 nights were covered as compared with 1,720 nights in 1964.

### Samaritan Fund

The use of the Samaritan Fund continued to grow steadily during the year.

The major proportion of the income came from charitable bodies for specific cases referred to them for assistance.

Donations were received from the St. Martin's-in-the-Field Christmas Appeal (1964), £85; Dr. J. M. Mackintosh, £60; and Mrs. Adcock, £1, to all of whom we are most grateful. A Christmas draw raised £2 8s. 3d.

				£
Balance at 1st January, 1965	...	...	...	318
				£
Income—Donations	...	...	146	
Patients & relatives	...	...	98	
N.S.C.R.	...	...	494	
Other bodies etc.	...	...	614	
				<hr/>
				1,352
Expenditure	...	...	...	1,670
Balance at 31st December 1965	...	...	...	1,350
				<hr/>
				£320
				<hr/>

## VOLUNTARY SERVICES

### BRISTOL OLD PEOPLE'S WELFARE INCORPORATED

This voluntary body, which receives a grant from the City Council, provides the following services:—

#### Accommodation

“Anchor House” in conjunction with the Anchor Society—11 unfurnished flatlets with sitting-room and dining-room; lift; central heating. Mid-day meal provided.

“Beverley Cottage”, Burnham-on-Sea—a holiday rest home for 20 frail elderly people.

“Cote”—21 unfurnished flatlets and guest room for able-bodied elderly people in middle income group; lift; central heating. Mid-day meal provided.

“Cowlin House”—10 unfurnished flatlets similar to “Cote”.

“Cowlin House Rest Home”—adjacent to “Cowlin House”. Accommodation for 14 frail elderly people; own rooms; full board; central heating; lift. Communal sitting-room, T.V. room and dining-room. Trained nurse in charge.

“Dulverton House”—accommodation for 25 frail ambulant men and women; 15 single rooms; other residents share cubicled rooms. Trained nurse in charge; central heating and lift. Sitting-room, dining-room and T.V. room.

“Hanbury Court”, Hanbury Road, Clifton—14 self-contained flats, bed-sitting-room, one bedroom and 2 bedrooms with own kitchens and bathrooms, etc. Emergency call system to “Cowlin House”.

“New Cote Rest Home”—accommodation for 16 frail elderly people. Trained nurse in charge; central heating; sitting-room, television, etc.

“Restleigh”, 3 Worcester Road, Bristol 8—at present providing full board residence for nine elderly ladies. To be extended.

“Stockwood”—149 self-contained flats for elderly people being constructed on three sites with day room, launderette and warden services on each. First flats ready April 1966.

“Stratheden”—27 unfurnished flatlets for able-bodied elderly people. Lift. Mid-day meal provided.

#### Laundry Service

Laundry is collected from and delivered to approximately 150 old people living in their own homes, and washing is carried out in a launderette situated in the basement of “Stratheden”.

#### Friendly Visiting

Volunteers help with shopping, mending, etc., of elderly people in all parts of the City.

#### Holidays

Convalescent holidays subsidised from voluntary funds are arranged annually for about 150 infirm old people and about 1,250 able-bodied elderly are sent for holidays in seaside hotels and guest houses.



**Mobile Library**

Fifteen volunteers take books by van to about 150 old people in their own homes. There is a stock of more than 1,000 books and a charge of 1d. per week is made towards transport costs.

**Miscellaneous Services**

These services include assistance with clothing; the loan of blankets; wireless for the housebound; the loan of sick room equipment; comforts; advisory service and the distribution of coal, fruit, flowers, firewood, etc.

**Liaison Officer for Voluntary Visiting Services**

This appointment is grant-aided by the Welfare Services Committee. The liaison officer—

- (1) acts as a link between all organisations in the City running voluntary visiting services for the aged; those in need of help and advice with helpful agencies, and those offering particular skills or voluntary service with those best able to utilise them;
- (2) disseminates information through frequent issues of the newsletter, "The Link";
- (3) organises coach trips and hospitality for those who are semi-housebound.

**Clubs for Elderly People**

The Bristol Association for Elderly People has established and equipped full-time clubs for old people and the administration is in the hands of the members of the clubs. They are opened daily, some opening in the morning but the majority at about 2 p.m. and remain open until about 9 or 10 p.m., according to particular activities. The entire emphasis is upon social activity which the Association believes is an extremely important service for elderly people. The Welfare Services Committee is keenly interested in this work and has made substantial grants towards new projects.

The existing clubs are as follows:—

Club for Elderly People ...	Recreation Ground, Sea Mills
" " " " ...	100 Fishponds Road, Bristol 5
" " " " ...	Wick Road, Brislington
Princess Elizabeth Club ...	Mill Lane, Bedminster
Club for Elderly People ...	112 Avonvale Road, Bristol
" " " " ...	Greystoke Avenue, Southmead
" " " " ...	Beechwood Road, Fishponds
" " " " ...	Princes Place, Gloucester Road
" " " " ...	Redcatch Road, Knowle
" " " " ...	Avonmouth Road, Avonmouth
" " " " ...	Romney Avenue, Lockleaze
" " " " ...	Tithe Barn Club, High Street, Shirehampton

**Mobile Physiotherapy Service**

Number of cases brought forward 1st January ...	66
Number of new cases attended during the year ...	283
Total ...	349

*Age Groups*

0—4 ...	2
5—14 ...	4
15—64 ...	104
65+ ...	173
Total number of visits to all patients ...	4,701

*Treatment given*

Massage	...	...	...	...	1,816
Electrical	...	...	...	...	2,455
Exercises	...	...	...	...	3,985
Physiotherapists	...	...	...	...	3
Mobile vans	...	...	...	...	3
Cost per visit	...	...	...	...	16/4

N.B.—Average amount received from patients ... 3/-

The treatment is recommended by general practitioners, orthopaedic surgeons and hospital consultants.

Where patients are referred by hospital consultants a fee of 15/- is paid by the Regional Hospital Board. Otherwise there is no fixed charge and patients contribute according to their means.

Contributors to the Bristol Hospitals Fund and the Bristol Contributory Welfare Association may claim limited payment for mobile physiotherapy treatment. W. D. & H. O. Wills, through their employees' health scheme, continue to give active support to the service.

## CARE OF HANDICAPPED PEOPLE (ADULTS)

### Local Health Authority Services

#### REPORT OF THE SENIOR MEDICAL SOCIAL WORKER, MARION MONCASTER

The year has been one of consolidation and gradual expansion of the casework service for sick and disabled people. Of those patients attending the chest clinic the greatest number are in need of help to adjust their personal or family economy to loss of income, or where disability occurs as a result of long-term illness, to come to terms with this and find new and more suitable employment or occupation in sheltered conditions or at home.

Social workers in the chest clinic are aided and supported by the interest and financial resources of the Care Committee for Diseases of the Chest and Heart, and the anxieties of many patients are relieved by financial help, and many families whose circumstances are reduced by prolonged illness are given the pleasure and benefit of a holiday by the sea in the Committee's caravans at Exmouth.

The majority of patients in need of after care when discharged from hospital are those who are facing chronic illness and disability, or in some cases early death, and help is invariably needed to face the gradual encroachment of an illness bringing suffering, frailty and a loss of independence both personal and financial. Their families also need help to bear the additional burden of increased responsibility and the physical care of a sick or disabled relative. In doing this the social workers are combining their skill and knowledge with that of the general practitioners, health visitors and district nurses, concerned with the care of patients and their families.

An opportunity for relief of distress at an earlier stage is occurring with patients attending St. George Health Centre where the Senior Medical Social Worker is available for one session each week and general practitioners are referring a small but growing number of patients whose illness or symptoms of illness is caused by anxiety of various kinds. The majority of referrals, however, are among those with established illness, some of whom have required direct help to get back to a normal working life after long periods of unemployment, or to sheltered working conditions.

A few whose capacity has been severely reduced have gained great social benefit by attendance at the Welfare Services Department Pastime Centre, and their families by respite from their constant care. Others are needing fairly constant support to bear loneliness brought about by invalidism. Equally important but more indirect help is being given where the greatest need for support and understanding is to relatives where the emotional ties have loosened even before illness has occurred, and the inevitable dependence of the sick person has aroused old anxieties and antagonisms. This necessarily small selected sample of patients in need of medical social care as a preventive and therapeutic measure gives some indication of the need for a casework service readily available to general practitioners and in a Health Centre it is ideally situated because of the close link with public health staff and community social and voluntary workers, and the Church.

### BLIND AND PARTIALLY SIGHTED

As from the 1st April 1965, examinations for the registration of blind and partially sighted persons were transferred from the Medical Officer of Health's Department to the Eye Hospital or the consultant's rooms. Seven consultants had agreed to co-operate in this scheme and undertake domiciliary visits as necessary.

The weekly clinics for examination and registration purposes were discontinued.

During 1965, 177 persons were seen at home or attended the clinic:

119 were registered as blind;

35 were registered as partially sighted;

23 were not applicable to either register.

The diseases causing blindness or partial sight were as follows:—

	<i>Cataract</i>	<i>Glaucoma</i>	<i>Macular Degeneration</i>	<i>Other</i>
Blind ... ..	27	21	25	46
Partially sighted	5	6	6	18

Four persons were suffering from diabetes mellitus.

Seven children were placed on the register with the following diagnoses:—

4 Optic atrophy ... ..	Blind
1 Optic atrophy ... ..	Partially sighted
1 Congenital cataract ... ..	Partially sighted
1 Compound myopic astigmatism	Partially sighted

Patients were referred through the usual channels.

### BRISTOL TUBERCULOSIS VOLUNTARY CARE COMMITTEE

The Secretary, Miss M. Grigg, reports as follows:—

Although the pattern of the Care Committee's work continues on the same lines the type of patient is now very different from when the Committee's activities were confined to assisting those people suffering from tuberculosis. The need of patients suffering from bronchitis has now taken precedence over the tuberculous, and as many of these people are comparatively young the problems are long-term.



The purchase of the second caravan has proved an unqualified success, and 110 adults and children have now enjoyed the freedom which a caravan holiday permits. For several families it was the first holiday of their lives.

On the 23rd December some eight cars left the Clinic delivering 176 Christmas parcels. The parcels contained everything for the making of a Christmas dinner, and in addition each family received 2 cwts. of coal.

The raising of funds by the annual Christmas seal sale appeal still remains a problem, and we are most grateful to several patients and Mrs. Forster and Mrs. Skone, who did such sterling work and but for whose help the 1965 appeal might not have been possible.

## **SERVICES PROVIDED BY VOLUNTARY ORGANISATIONS ON BEHALF OF THE WELFARE SERVICES COMMITTEE**

### **(a) Blind and Partially Sighted**

Mr. E. H. Getliff, O.B.E., General Superintendent of the Bristol Royal Workshops for the Blind, reports:—

Bristol Royal School and Workshops for the Blind continue to provide facilities for many blind persons with the assistance of a number of local authorities.

The reduction in numbers of pupils at the School has continued throughout the year and there are now 58 educationally blind pupils between the ages of five to 16 years in residence and attendance at the Bristol Royal School for the Blind. Those pupils who do not move on to the Grammar Schools for the Blind, or the Royal Normal College for the Blind, leave the Bristol School at 16 years of age or thereabouts for a period of vocational assessment at one of the centres, either Hethersett, Reigate, Surrey, or the Royal Institution for the Blind, Court Oak Road, Harborne, Birmingham. The aim of these centres is to assess the vocational potentials of the pupils and recommend further training and placement in open industry.

The Bristol Royal Workshops for the Blind provided employment to 77 blind or severely disabled sighted persons during the year. Sales reached a record figure of £51,500, with a consequent lessening of the costs per head in the Workshops. Technical training was provided to 10 adult persons throughout the year. The Trades Manager, Mr. J. Crampton, retired in July 1965 and D. W. Fare was appointed as successor to Mr. Crampton. The light engineering department is progressing and consideration is being given to the introduction of other forms of employment for blind persons in the Workshops. These considerations are taking place in close association with the Ministry of Labour, local authorities and The Industrial Advisers to the Blind Ltd.

The home workers' scheme was administered and operated from the Workshops for the Blind in five of the six western counties, some 82 blind men and women being supervised under the scheme. With the home workers' gross sales amounting to £18,570 during the year, and average earnings £4 8s. 2d. per week, the scheme enjoyed a very successful year. There have been changes in the rates of augmentation: while some authorities have taken more realistic attitudes to this matter and are paying augmentation of £6 10s. 0d. per week to men and £6 0s. 0d. to women, some other authorities are paying less rates of augmentation. National consultations are taking place regarding the whole position of home workers' schemes.



The Hostel for Blind Women provided resident accommodation to six women employed in the Workshops for the Blind and eight retired workers and one trainee.

**(b) Persons Handicapped by Deafness**

The Rev. S. W. Hartnoll, B.A., B.D., Chaplain and Superintendent of the Bristol Institute for the Deaf, has sent me the following notes:—

For persons in Bristol who suffer from “a disabling loss of hearing”, specialised welfare services are provided by Bristol Institute for the Deaf. This is a voluntary society and part of its income is from voluntary sources; but it is the agent of the Corporation of Bristol for the purposes of the National Assistance Act 1948. An annual grant is made through the Welfare Services Committee.

The Society also serves a number of people living in Somerset and Gloucestershire and receives grants from these County Councils, but it is mainly concerned with Bristol.

Details of the Bristol registers on 31st December 1965 are shown below:—

<i>Age</i>	<i>Sex</i>		<i>Deaf with speech</i>	<i>Deaf without speech</i>	<i>Hard of hearing</i>	<i>Totals</i>
Under 16 ...	Male ...	...	7	15	59	81
	Female	...	7	15	55	77
16—64 ...	Male ...	...	26	99	63	188
	Female	...	29	89	91	209
65 & over ...	Male ...	...	3	20	55	78
	Female	...	4	19	99	122
TOTALS		...	76	257	422	755

**MEDICAL SOCIAL WORK IN A SPECIAL TREATMENT CLINIC**

**Gwynneth Stinchcombe**

The problem of venereal disease continues to cause anxiety to all workers who are striving to promote a healthier community as well as better moral standards and sense of responsibility in this day and age. In the free and confidential clinics available to all sections of society a social worker is able to discuss and advise in the manifold physical, emotional and mental difficulties met with daily.

The past year has again seen an increase in the incidence of gonorrhoea, particularly noticeable in the 18—25 age group. A most interesting and enlightening aspect of contact tracing is revealed concerning marital partners. Under the official contact tracing scheme 34 wives were examined, 30 of whom were treated for gonorrhoea, four being non-infected. 11 wives were named as the “guilty party” and in these cases efforts were made to check the husbands. These figures, of course, bear no comparison with the number of wives (and husbands) who attended the clinics voluntarily. The marital problem is full of pitfalls, not the least being the risk of a family break up if the approach is clumsily or tactlessly made. Immediate follow-up is essential in this type of case, especially when children and pregnant women are involved, but we feel that in the interest of public health efforts have been well worthwhile.

A brief account of the statistical picture of the contact tracing during the past year is as follows:—

	MALES	H/S	FEMALES
			Total Total
Contacts traced and examined under official contact tracing scheme ... ..	62	9 — 71	160
Contacts persuaded by welfare officer and examined, outside official scheme ... ..	23	4 — 27	82
Contacts traced but refused examination ... ..	3	—	9
Contacts untraceable ... ..	23	2	59

It is gratifying once again to report an encouraging willingness on the part of many patients themselves to bring in their contacts, thus displaying a realisation of their own responsibility in helping to control venereal disease and, incidentally, enabling the social worker to devote more time in interviewing, visiting and rehabilitation.

The field work of the department has been continued in lectures, discussions and talks with various bodies and to students, nurses and health visitors.

As this is my last annual report, may I be allowed the opportunity of thanking all my colleagues in every section of the Public Health Department for their help and encouragement over many years, without which the measure of success achieved would not have been possible.

**BRISTOL CORPORATION**  
**OCCUPATIONAL HEALTH SERVICE**

**J. W. Markham**  
(Senior Medical Officer, Occupational Health Service)

This was set up in November 1964, following a letter to Dr. Wofinden expressing support for such a service from the branch secretary of NALGO. This followed a phase of general occupational health activity going back to 1949, including advice to the firms of a small trading estate who wished to set up a group medical service. Drs. Sheerboom (1960), Skone (1963) and others had done varied work in this field.

The Scientific Adviser's department had analysed paints for dangerous constituents, measured levels of poisonous gases and given advice on such matters on request for Corporation departments. The Chief Public Health Inspector had given informal advice to employers concerning noise hazards in factories.

**The Objectives**

These can be broken down into "headlines" as follows:—

- Ensure healthy conditions.
- Give workers protection.
- Analyse the causes of sickness and accidents.
- Help with jobs after illness.
- Advise on fitness for the job.
- Arrange treatment services.

## **The Working Principles**

The employee is entitled to fully confidential occupational health advice without difficulty, and should be informed of this.

Nothing should be done to interfere with a person's relationship with his own doctor.

Sensible medical advice on work (including fitness for employment) can only be given if the doctor knows something of the job, preferably from direct observation and measurement of the conditions, and ideally combined with doing it himself.

It is not enough to tell people what one thinks they should do; effective influence must be exerted by giving the reasons in an acceptable form. A good way of doing this is to make persistent enquiries about the practical difficulties of putting theoretical advice into action.

The employer should be known by the doctor personally and should be armed with suitable advice, as he is usually the key man; he is in a position to help the employee both in his work environment and his personal affairs.

## **Number of Employees**

17,000

## **Organization**

The policy of the service is governed by a committee composed of four councillors (one of whom is chairman), four trade union representatives, the Medical Officer of Health, the Establishment Officer and the S.M.O. (Occupational Health).

The staff consists of:—

- 1 senior medical officer (responsible to the M.O.H.);
- 1 consultant (Dr. T. G. Faulkner Hudson; one session per week); assistant medical officers (approximately 13 sessions per week);
- 1 medical social worker;
- 1 medical examinations clerk, with part-time assistant;
- 1 secretary in charge of confidential staff medical records.

The facilities of the department as a whole are available. The records officer and the health education department are especially valuable.

## **Cost**

It is hard to calculate this exactly; an estimate, taking a share of the overheads for the jointly used services into account, is 15/- per head.

## **Records**

A confidential system has been devised. Personal documents can only be handled by certain named persons.

## **Differences from a typical Industrial Health Service**

The cost is about one third of the average, in money and in staff. It remains to be seen whether the objective can be achieved on this scale. This cannot be judged at present when much new ground is being broken, for while on the one hand the demand for services is growing, the effort needed for "reconnaissance" and getting to know people will reduce, though it will not vanish.



The main reason for the apparent economy is the lack of a professionally staffed treatment service.

In view of the balanced joint government of policy, one-sided pressure from management concerning environmental hazards is impossible, though tact is naturally needed in advising about risks.

#### **Difficulties encountered and ways found to deal with them**

##### **Diffusion of Corporation Staff and Fragmentation of Organization**

For the management of manual workers, the departments are mainly separated one from the other. Each is governed by a committee and most arrangements have to be agreed separately. They may be likened to a group of factories, in most of which the employees are spread over the City. There is no central personnel department to deal with about 12,000 manual workers, so finding alternative jobs for the disabled is difficult even when the vacancies are there. Sickness absence statistics vary in the way they are collected; and so do other staff procedures.

##### **The Superannuation Medical Examination**

The traditions of the medical examination for the superannuation scheme have tended to fog thinking about the purposes of medical examinations.

These sometimes resulted in exclusion of employees from a pension and this penal element tended to produce a guarded attitude in the employee. For instance, the form question "Have any relatives, living or dead, suffered from mental illness?" was answered "yes" by only one person in 25. It should have been at least one in five.

Exclusion of employees from entry to the superannuation scheme for medical reasons has been shown on actuarial grounds not to save money.

##### **Rehabilitation**

A phase of part-time working will, in some cases, accelerate recovery to full work after illness. The rules of the very generous sick pay scheme have worked against such arrangements. National Health benefit is made up to full pay when a person is away ill, yet part-time work means loss of National Health benefit and only part-time payment for work.

##### **Job Study**

Many of the occupations require further investigation to act as a basis for preventive work, and this will take time to complete. Teachers and mental illness, sewerment and risks of Weil's disease, refuse collectors and bronchitis, are examples.

##### **Environmental Measurement**

Occupational hygiene investigations are difficult to arrange. Development of the work already undertaken by the Scientific Adviser and Chief Public Health Inspector is being pursued. The basic training of the staff is suitable for adaptation to the techniques of dust counts and other environmental measurements (Wofinden 1957).

##### **Training of Professional Staff**

The use of assistant medical officers on a sessional basis has difficulties, as work problems do not occur conveniently in sessions and a good deal of communication is needed. They often lack training in occupational health but this has partly been



overcome by their attending a monthly "journals lunch" which is attended by practising industrial medical officers, the consultant and the scientific adviser. Current articles are reviewed and work problems aired.

Finding those in Need of Help (and who also want it!)

The medical social worker has to find ways to contact that level in the union and management which can give this information, without having the advantage of treatment service contacts. This has been attempted by consulting departmental heads and trade unions.

Examples of What has been Achieved

A system of policy direction by a joint committee of councillors, trade unionists and chief officers has been used. It has been especially helpful in testing technical ideas for practical soundness and general acceptability, and in smoothing the way to carrying them out.

Approximately 180 first-aid talks have been given, some in the form of courses and some in individual talks. The content has varied with the audience. 12 lecture-discussions on occupational health have been held for Council committees, meetings of chief officers, medical officers, trade unionists, etc.

Chief officers have been called on individually, and their departmental needs and organisation have been discussed.

A programme of visits has been carried out. Some jobs have been done by the doctor in order to get insight, where observation is difficult and liable to give inaccurate impressions, e.g. ambulance drivers, teachers, refuse collectors.

Example of Toxic Hazards

A non-industrial department was using the vapourising chronic poison, benzene, in the open office in a process worked by young girls. When the danger was pointed out, a harmless substance was substituted.

Example of an Occupational Problem — Sewermen (200 workers)

We have co-operated this problem with Messrs. G. Bennett and A. Ramsbottom of the City Engineer's Department (Bennett and Ramsbottom, 1965).

No duty is laid on the employer by law to take any precautions to protect the sewerman while underground, yet industrial waste increases in volume and chemical complexity year by year, and only a minority of authorities take the known, essential, inexpensive precautions. Poisonous gas or lack of oxygen are common. There is no compulsion to notify even fatal accidents centrally, so with small labour forces scattered throughout the country, quite high accident and death rates could go unnoticed in this occupation. No information is generally available on a really satisfactory method of rescue for a man overcome by gas or injured while in the sewer.

Risks of Weil's disease, typhoid, poliomyelitis, tetanus, possible cement dermatitis and hand cracks; falling bricks; average rate of cuts in hands between one a day and one a week, depending on the job.

Work done on this Problem so Far

With willing volunteers among the sewermen, experiments have led to the design of a "dragging sheet" which should be of value in rescue. Suitable immunisations

have been given, and a record card has been designed to help in remembering booster doses. A simple first-aid technique suitable for the conditions has been devised and taught. Improved washing facilities have been provided; handcream have been issued to prevent cracks in the skin. An identifying note is sent with any worker who has to go for casualty treatment. Excellent protective clothing, rescue equipment and breathing apparatus were and are in use.

There is a need to do serological tests to find the frequency of mild attacks of Weil's disease which at present may go undetected.

#### Personal Consultations

Consultations were carried out by the Senior Medical Officer (Occupational Health) in non-routine cases, and were done at the employer's or employee's request. Approximately 150 such patients were seen. For many of them the medical social worker has helped with personal and family problems connected with illness. She preserves a fully confidential professional relationship with the patient in all circumstances.

At present, the majority of individual cases are referred by the employer near the stage of final physical or mental breakdown and it is vital for success in prevention that ways are found to offer help at an earlier stage (Sheerboom, 1960).

About 100 employment medical examinations have been done per week.

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# ENVIRONMENTAL HEALTH SERVICES

**G. J. Creech, M.B.E., C.St.J., F.R.S.H., M.A.P.H.I.**

(Chief Public Health Inspector)

## REPORT TO THE MEDICAL OFFICER OF HEALTH

I am pleased to be able to record 1965 as a year in which the progress has continued and our total figure of 81,634 visits in 1964 has increased to something over 100,000 in 1965. Visits to food premises increased from 2,889 to 3,301 and visits in connection with the inspection of foodstuffs rose from 5,028 to 5,608. There was an improvement of over 200 in the number of visits to factories, etc., and inspectors engaged in work under the provisions of the Housing Acts carried out 4,842 visits as compared with 2,317 in the previous year.

## STAFF

I regret to have to report that in July 1965 Mr. John West, the deputy chief clerk, died suddenly after arriving home at the end of what was apparently a normal day's work. Mr. West was an efficient and experienced officer who was very popular with his colleagues and his tragic death was a great shock to us all.

In July Mr. C. W. Baston, one of the port health assistants, retired after over 30 years' service, and in October Mr. J. P. Barry, food and drugs inspector, again with over 30 years' service, retired owing to ill health.

There have been numerous other staff changes due to the normal movement of staff both to other local authorities and to other departments of the Corporation.

## GENERAL ENVIRONMENTAL HEALTH WORK

### SUBMISSION OF PLANS

Our liaison with the City Engineer and Planning Officer continued; plans respecting environmental health and the provision of new boiler plants and chimneys were submitted for inspection and comment. The Clean Air Act 1956 requires the consideration and calculation of appropriate chimney heights, a matter further referred to in the report on atmospheric pollution. 493 plans were received and inspected, a reduction of 36 on the figures for 1964.

### SEWERAGE AND SEWAGE DISPOSAL

There has been no significant change during the year in the extension of the sewage disposal works near Avonmouth but it is anticipated that early in 1966 a new pumping station and sewerage system will be accepting the sewage from over 200,000 of the population.

There are still approximately 400 premises within the City boundary not drained to sewers. This figure is likely to remain static at the present but possibly the Building Regulations 1965, which require that any cesspit provided in connection with a building shall be of a capacity of not less than 4,000 gallons, may have some effect on the provision of cesspits, septic tanks, etc.



## **THE PET ANIMALS ACT 1951**

During the year all licensed premises have been visited and inspected by the Corporation's Veterinary Officer and the Deputy Chief Public Health Inspector. 27 licences were renewed and one new licence was issued. It is pleasing to report that the standards of accommodation and maintenance are noticeably improving year by year. Possibly some of the improvement could be attributed to legal actions which have been taken in respect of contraventions of the conditions of the licence and the obvious intention of the department to ensure that the letter and spirit of the Act are carried out.

One prosecution was taken against the occupier of a pet shop for contravening three of the conditions of licence. The same person was prosecuted for similar reasons during 1964 and because of this the Committee invited the Court to exercise its powers under Section 5 of the Act and disqualify the occupier from keeping a pet shop. Evidence was given by the Council's Veterinary Officer and the Deputy Chief Public Health Inspector and fines totalling £25 0s. 0d. were imposed and costs of £2 2s. 0d. awarded.

The Court did not disqualify the defendant but since then there has been a marked improvement in conditions at the shop.

## **THE ANIMAL BOARDING ESTABLISHMENTS ACT 1963**

Three premises were inspected and three licences were renewed.

## **THE RIDING ESTABLISHMENTS ACT 1964**

Applications were received for licences in respect of two establishments and considered by the Health Committee. On the recommendations of the Veterinary Officer, one application was refused and one licence was granted to keep less than half the number of horses proposed.

## **HOSTELS (common lodging houses)**

The three hostels in the City have been conducted and maintained in their usual exemplary manner.

## **ENVIRONMENTAL PROBLEMS OF THE DISTRICT PUBLIC HEALTH INSPECTOR**

The day to day work of a district inspector is always varied, sometimes onerous, but never without interest. On occasion, problems arise from such things as unexpected combinations of weather and circumstance, or occasionally an aggregation of small incidents building up into a major problem. From the department's records a few items have been extracted:—

### **A Holiday Fly Nuisance, 1965**

In the early part of the year, a period of warm weather was experienced. At times it was really hot, and this temperature increase triggered off a serious and widespread fly nuisance in the southern part of the City. Remarkably, the fine weather coincided with the Easter holiday period, and stand-by staff, and others, had to be called out to deal with the situation.



Numerous complaints and two petitions were received from householders, followed by more complaints from factories, schools and other premises. Investigations revealed that some houses were affected with many hundreds of common house flies. All the available stocks of aerosol fly-spray of the one local shop open were exhausted quickly. Some housewives, especially mothers with young children, who had been reduced to tearful hopelessness in trying to cope with heavy infestations, were greatly relieved upon the arrival of Health Department staff. For the information of the inspectors, at a number of houses polythene bags were produced containing hoards of flies, literally shovelled up or vacuum swept.

It was ascertained that the infestations arose from two sources:—

1. A large accumulation of compost material on the local authority tip site; and
2. the local authority's composting plant; and both had occurred as a result of a break-down in the composting plant.

Had the hot weather not arrived, it is probable that the nuisances would not have arisen, or at least, would not have assumed the proportions attained. However, speedy measures were introduced to deal with the emergency and numerous infestations, within a radius of about half a mile from the sources, were treated as quickly as possible. The Transport and Cleansing Department, assisted by Health Department staff, dealt with the matter.

Many of the conditions found necessitated immediate action, and in this connection the necessary authority was obtained from the Chairman of the Health Committee to disinfest affected premises forthwith and without charge. Available inspectorial staff were engaged in a crash programme of checking and re-checking food premises, school kitchens, canteens, etc., throughout the area affected, and where necessary, suitable remedial and preventive spraying was carried out; thus effective public health control dealt with a particularly acute and extensive health hazard.

#### **Special clearance of rubbish and refuse**

In carrying out routine inspections in the east-central area of the City it was observed that in a number of properties there were unusually large accumulations of refuse and rubbish, mostly to be found in the front areas and back gardens of void houses, or on void sites. These accumulations appeared to consist, in the main, of unwanted articles of domestic furnishings, furniture and rubbish, including refuse left behind in the frequent population movement in this area.

The problem was such that it was considered that only a concerted effort by the Transport and Cleansing Department and the Health Department could deal with the matter effectively. Following a joint meeting of the sub-committees of the two committees concerned, when agreement was reached that the costs of clearance should be borne jointly by the two committees, arrangements for special clearances from certain properties in the area were arranged and in all 142 properties and void sites were cleared, entailing the removal of 1,500 cubic yards of generally obnoxious material.

#### **Dust from industrial processes**

Atmospheric pollution is often thought of as a smoke problem and although the department's efforts to secure clean air are chiefly directed towards smoke control, the problem of airborne dust is demanding an increasing amount of attention.

Airborne dust is often due to the modernisation of older processes and rapid mechanical handling of bulk material. Cement and coal are two cases in point.

The local authority's power to control airborne dust is, of course, contained within the nuisance sections of the Public Health Act, and it follows that no statutory action can be taken until the nuisance arises. Fortunately, the firms concerned are usually ready to co-operate and much is achieved by informal suggestion and advice. However, sometimes a point is reached where a firm feels that it has taken all reasonable precautions to prevent nuisance and indeed may feel that complaints are unjustified.

This happened in a recent case and a complete investigation was made, with the co-operation of the City Analyst's department, in an effort to establish a factual basis for any further action that might be considered necessary. Residents of nearby houses were complaining of dust nuisance from a concrete mixing plant; this despite a considerable amount of work done by the firm over several years to prevent dust nuisance.

As a first step, samples of dust were collected from ledges and sills both inside and outside the houses concerned. The City Analyst was able to say that the samples contained a considerable amount of cement dust. In an effort to establish the quantity of dust falling in the area, standard deposit gauges were set up and by taking the average of several monthly deposits it was shown that the dust fall-out was much higher than in most other parts of the City.

Armed with this evidence the officers were able to go to the firm and ask that further steps be taken to eliminate what was clearly a statutory nuisance. The company was convinced by this evidence and as a result has installed a dust extraction plant in the mixing tower. This should go some way to improving local atmospheric conditions.

A considerable amount of experience has been gained of the potential sources of nuisance in this type of business, and the knowledge has been put to good use when proposals have come forward for starting similar plants in other parts of the City. The planning authorities are not always able to control this sort of development, but at least officers of this department are able to point out to the developer at an early stage the difficulties likely to arise, and to make recommendations and suggest possible modifications to avoid nuisance when the plant is in operation.

#### **A Noise Nuisance**

In August the Town Clerk received a number of complaints from business interests respecting an alleged noise nuisance arising from works of demolition of a disused air-raid shelter. Several of the complainants were alleging that not only was the level of noise influencing the efficiency of their businesses, but in fact, the level was so high that conversation was inaudible across a normal office desk.

Investigations were carried out by officers of this department and it was found that a firm of demolition contractors using pneumatic drills was demolishing a disused brick air-raid shelter. This shelter was situated on a small parcel of ground completely enclosed by office blocks some of which are six and seven storeys high. The shelter being demolished had a reinforced concrete roof and floor. Although work had been in progress for two days before the investigation commenced only an area of approximately two square yards had been drilled. It was obvious that the complete demolition, if this speed of progress continued, was likely to take two or

three weeks. Noise measurements were taken at various points and in some cases, even with the windows closed in offices badly affected, it was impossible to obtain a reading on the sound level indicator. As a result of pressure on the agents a temporary suspension of work was achieved and discussions took place as to methods of abating the nuisance.

Experiments were carried out with suppressed compressors and with guards on the pneumatic guns, but the noise level was only improved by five decibels. The reverberation from the adjoining buildings undoubtedly made the remedy more difficult. The agents were loath to comply with the request to discontinue the demolition works during office working hours, due to the economics of overtime payments. Ultimately as a result of an indication from the Town Clerk of his intention to seek an injunction in the High Court if the nuisance continued, the agents gave instructions for the demolition to be completed outside normal office hours. The work was completed without further complaint.

### HEALTH EDUCATION AND TECHNICAL TRAINING

A very full programme of lectures and demonstrations has been carried out during the year, bringing to the public some idea of the specialist and routine activities of the department. The majority of this work has devolved on Mr. J. E. Mountjoy, the specialist inspector dealing with this form of public relations and training, but the specialists in housing, atmospheric pollution, offices, shops and railway premises, meat and port have also been engaged from time to time, while the area inspectors have also assisted.

Whenever the occasion arose these members of the staff have given ungrudgingly of their personal time outside of office hours and we must remember that the lecture or demonstration, of itself, is only a part of the work involved; often many hours of preparation have to be undertaken.

Whilst the instruction given has ranged over a wide field we are, in the main, still preaching to the converted in that requests are mainly received from persons or associations who genuinely seek information and help. Unfortunately it is only when a very serious and publicised risk to health appears locally, as in the case of the Aberdeen typhoid outbreak, that the "man in the street" becomes aware of something called "hygiene".

During the year lectures and demonstrations in environmental and food hygiene have been provided for the following:—

<i>University of Bristol</i>	Diploma in Public Health
<i>(Department of Public Health)</i>	Health Visitors' Certificate Course
	Clinical (Medical) Course
<i>(Department of Architecture)</i>	Architectural Students
<i>(Department of Veterinary Medicine)</i>	Veterinary Public Health Course
<i>Bristol Technical College</i>	Diploma Course for Public Health Inspectors
	Course for Certificate in Meat Inspection
	Matron Housekeepers' Course
	Pre-nursing Course
	Catering Courses



*University of Aston in Birmingham*  
*(College of Advanced Technology)*

*Department of Public Health*

*College of Commerce*

*United Bristol Hospitals*

*Frenchay General Hospital*

*Winford Orthopaedic Hospital*

*Housing Department*

*Glenside Hospital*

*Manor Park Hospital*

*Hanham Hall Hospital*

*Purdown Hospital*

*Stoke Park Hospital*

Diploma Course for Public Health Inspectors

Clinic Assistants

Student District Nurses

Social and Welfare Workers

Medical Secretaries

Student Nurses

Housing Management Students

Catering and Nursing staffs—  
(food hygiene)

The following 11 schools were visited, against five in 1964:—

Backwell County School

Central Commercial School

Colston's Girls' School

Henbury Girls' School

Hengrove Comprehensive School

Merrywood Grammar School

Pen Park Girls' School

Redland High School for Girls

Red Maids' School

St. Thomas More School

Speedwell School

More than one visit was paid to several of the above.

Talks were also given for:—

The Youth Hostels Association

The St. John Ambulance Brigade (Kingswood)

St. John Ambulance Cadets

A group of Girl Guides

The Central Council for Physical Education (Camp Craft Course)

Student Health Visitors (County of Gloucestershire)

The Electrical Association of Women

Bristol Multi-Racial Club

Hillfields Adult School

St. Edyths (Fishponds) Young Wives Group

Harrowdene (Knowle) Young Wives Group

Junior Entrants to the Co-operative Retail Society

Staffs of Civil Service Canteens at Westbury-on-Trym  
and Flowers Hill, Brislington

Civil Defence hygiene lectures were provided for the Post Office (South-West  
Region) Civil Defence Training School.



## **FILMS, SLIDES AND PHOTOGRAPHS**

Films on food hygiene, atmospheric pollution, etc., and also 35 m.m. colour transparencies and black and white photographs (many of which were photographed by members of the department) have been loaned to the officers of other authorities to illustrate talks and exhibitions. We have co-operated with Bath, Weston-super-Mare and Bridport in this respect.

## **FOOD HYGIENE**

As listed above, a great deal has been done to disseminate information and advice in this field to food handlers in hospitals and canteens, but regrettably the services of the department have not been sought by the food trades in general. The hard core of the public, particularly those engaged in food handling—to whom hygiene should be a *sine qua non*—do not appear to be very interested.

The provision of an exhibition and training centre would probably help and such a centre, to which employers in the food trades could be invited to send staff for preliminary and advanced training, would also be of great value for talks and demonstrations to schools and other members of the public when required.

## **PRACTICAL TRAINING OF STUDENTS**

Acknowledgements and thanks are again extended to those business managements and other organisations and Corporation establishments, together with fellow Corporation officers, for their ever ready co-operation in this form of training for students. Thanks are also due to the Chief Public Health Inspector of Warmley Rural District Council who helped in a practical way when this department was asked to arrange training in meat inspection for five Tanzanian students at a time when facilities at the public abattoir were already stretched to the limit.

Visitors from the following countries studied in the department during the year: Tanzania, 9; Bermuda; Southern Arabia; Kenya; Ceylon; Malaya; Turkey and Madagascar.

## **STUDENT PUBLIC HEALTH INSPECTORS**

Eight pupils were undergoing training from January to June; the one fourth year man amongst them sat for and passed the Diploma examination in June.

In November a further two students were appointed, bringing our complement to nine students under training at the end of the year. We were again able to make reciprocal agreements with adjacent urban and rural authorities for the further training of third and fourth year students and our thanks are due to all training authorities concerned.

# WATER REPORT, 1965

in the form required by the Ministry of Health

Food and Drugs  
Section

Ministry's Question

Bristol Waterworks Company

City Analyst

1. Whether the supply of the area and its several parts has been satisfactory in (a) quality, (b) quantity.

2. Where there is a piped supply whether bacteriological examinations were made of the raw water, and, where treatment is installed, of the water going into supply; if so, how many and the results obtained; the results of any chemical analyses.

3. Where the waters are liable to have plumbo-solvent action the facts as to contamination by lead, including precautions taken and number and result of analyses.

4. Action in respect of any form of contamination.

5. Particulars of the proportion of dwelling houses and the proportion of the population supplied from public service water mains (a) direct to houses (b) by means of a standpipe.

Yes

Yes

Yes

Raw waters examined bacteriologically before and after treatment by Bristol Waterworks Co. Treated water in City sampled daily; Weekly samples are taken of both raw and treated waters at Barrow, Chelvey, Stowey and Littleton-on-Severn, and after treatment found satisfactory.  
Daily samples taken in year—865.

Fluoride content:—

Barrow 0.04—0.20 P.P.M.

Chelvey 0.05—0.12 P.P.M.

Stowey 0.08—0.38 P.P.M.

Water is not liable to lead contamination and this is confirmed by regular analyses of all City supplies.

Contamination after treatment has been found negligible.

On finding any trace of faecal contamination the matter is taken up with the appropriate authority immediately, when further samples are taken until satisfactory results are obtained.

(a) the whole of the population in the Bristol Area is supplied by public water mains direct to houses.  
(b) None.

## HOUSING

### STANDARD OF FITNESS

From time to time previous annual reports have made reference to the need for a more realistic approach to the question of standards of fitness and the need for a positive standard.

It was with some gratification, therefore, that the news was received that the Minister of Housing and Local Government had set up a sub-committee of the Central Housing Advisory Committee to consider housing standards and Bristol was honoured in that its Medical Officer of Health was a member of this sub-committee. The sub-committee's terms of reference were, "to consider the practicability of specifying objective criteria for the purposes of slum clearance, the rectification of disrepair, and the housing powers relating to minimum tolerable standards of housing accommodation and to make recommendations".

This task was a formidable one, and the sub-committee's deliberations included visits to a wide range of selected local authorities throughout the country with the object of seeing the problems at first hand.

The sub-committee, under the chairmanship of Mrs. E. Denington—Chairman of the Housing Committee of the Greater London Council, visited Bristol on the 4th May 1965, and in preparation for it considerable thought was given to the form and pattern of the data to be presented.

Two documents were prepared:—

- (1) The present Section 4 standard was taken and its various paragraphs analysed, criticized and weaknesses exposed both from its practical and legal aspects.
- (2) A programme of area visits was arranged designed to demonstrate in the field the various deficiencies commented upon earlier. The rota of visits was formulated deliberately, starting with the worst area and progressing stage by stage to the "twilight" area.

The sub-committee were welcomed in the morning by the Chairman of the Bristol Housing Committee, and there was a free exchange of views by way of question and answer, based on the first document. Time, as always, was the limiting factor.

The field visits provided the visual picture and highlighted not only the deficiencies of the present Section 4 standard, but matters of owner/occupation, environment, effects of planning and the need to "think big" if real housing progress is to be made.

The Chairman on behalf of the Committee suitably thanked the Council and its officers for the arrangements made which had been very helpful to them.

### THE NEED FOR RESEARCH

We live in an age of planning. Planning, to be realistic, must be based on hard data, yet so far as housing is concerned, there is a minimum of known facts.

For example, there is a need for detailed information on the following:—

1. The size of the immigrant population, the conditions under which they live and the areas where they live;
2. Houses in multiple occupation;

3. Areas capable of improvement;
4. The effect upon housing of City planning proposals;
5. The size of the " twilight area " problem, under or over population, numbers of owner/occupiers and details of the age of the occupants.

Information to enable future policies to be determined can only be obtained by surveys and research, maintained continuously if the results are to be relied upon. It is hoped that survey work will prove possible as the staffing situation improves.

## **THE NEW EASTON**

One of the least satisfying aspects of housing work is the long period of time which often elapses between the demolition of the old and the building of the new. Whilst the rehousing of people from unfit houses is the first and all important reward to the inspector who is involved in this work, it is a gratifying experience to witness the first steps in a major scheme of redevelopment.

The crumbling facades of worn out houses in the Easton area, in respect of which the Health Department took the first steps, are about to give way to something new as one of Bristol's largest and most important comprehensive redevelopment areas takes shape.

During the year the Minister of Housing and Local Government, the Rt. Hon. R. H. S. Crossman, O.B.E., M.P., visited Bristol to lay the foundation stone of a 17 storey block of flats, the first building in the redevelopment of 190 acres.

Before demolition commenced the population of the area was about 9,000 and the redeveloped Easton will have homes for approximately 7,500, covering an area of 80 acres. This development will include a large proportion of specially designed three-storey maisonettes and three-storey and 17-storey flats. All this will help towards ensuring a balanced community with small units for elderly people, larger units for families and the many gradations in between.

The remainder of the layout has been designed to provide open spaces and landscaped greens with a network of pedestrian ways and to complete the community pattern, provision has been made for a health centre, youth club, schools, churches, multi-storey garages and public houses. The shopping facilities include corner shops designed to fulfil the day to day requirements of the housewives.

The " New Easton " should be a place in which its residents will be pleased to live.

## **EDUCATION**

The section has again been able to assist students from many parts of the world by demonstrating and instructing in housing practice and procedures. It appears that this aspect of the work, in which all officers in the section participate, is increasing year by year and every student so assisted has expressed his or her appreciation.

## **HOUSING PRIORITY ON MEDICAL GROUNDS**

The Medical Officer of Health has continued to assess medical certificates submitted by general practitioners in support of housing applicants. During 1965 there were 1,154 such cases of which just over half were for housing transfers, the remainder being new applicants. Housing points were awarded to 412 in the latter category.



In 47 cases medical circumstances made rehousing a matter of urgency and of these 44 were rehoused on absolute medical priority.

Assistant medical officers made 82 home visits during the year.

## **OLD PEOPLE**

During the past few years the housing needs of the aged have been given priority. An ever increasing number of dwellings is being constructed for them, equipped where necessary with modern aids to alleviate if not completely to overcome the effects of ill health, infirmity, loneliness, etc.

This is a major task but it is dependent for its success on the willing co-operation of the aged person. What can be done for the person who is unwilling to move from an unfit house and who refuses both help and advice? Frequently such people live in houses which are insanitary and dangerous. Sometimes they own the house in which they live.

A recent case of this kind came to the notice of the Health Department by way of a letter from the National Assistance Board—an aged man and his sister were living in intolerable circumstances. Investigation revealed that, though aged, neither was unduly infirm. They owned the house they occupied, together with two adjoining void properties, all of which were ruinous, part of the roof and ceilings having collapsed in the house in which they were living. Immediate steps to reduce danger were taken, but three offers of alternative accommodation were refused. The Housing Committee, to whom the facts were reported, agreed to purchase the houses to relieve the couple of financial responsibility but though at first willing to dispose of the property, the transfer to the Corporation has not yet taken place.

Should the Council as a public duty, protect the old couple against themselves by eviction proceedings? The power to evict could only be obtained by way of a clearance order or demolition order made under the Housing Act 1957, and this would inevitably mean an application to the Court for an eviction order; in the absence of co-operation initial steps have had to be taken to this end.

## **APPEAL AGAINST A CLOSING ORDER — SECTION 18 HOUSING ACT, 1957**

A very interesting, though protracted court hearing occurred during the year following an appeal against a closing order made under Section 18, Housing Act 1957.

The part of the building involved comprised two front rooms and rear room and scullery situated in a basement at Hotwells.

Each of the rooms involved was an underground room and failed in varying degrees to comply with the underground room regulations. The rear room and scullery were particularly bad in respect of lighting and ventilation, the windows of the rooms opening on to a confined area, the ground level of which was some 13 ft. below the level of a steeply sloping side road.

Following the service of the "time and place" notice the owner was interviewed on the site, and notwithstanding the advice given, submitted within the statutory period an "undertaking to repair" and the schedule of works he was prepared to carry out, including the voluntary closure of the rear room.

On the grounds that the works specified were insufficient to render the dwelling fit, the undertaking was not accepted and a closing order was made.

The owner appealed against the order, giving as his reasons:—

- (1) That recent substantial works which he had carried out involving the provision of additional fixtures and fittings had received building bye-law approval;
- (2) That the works which he had specified would render the dwelling fit.

At the Court hearing—the owner pleaded his own case—each room was considered in turn in the light of the underground room regulations. As the case proceeded the owner introduced many amendments to his original specifications. The site plan and sections prepared by the Council's officers were material evidence.

Eventually the case was adjourned to enable the judge to visit the site.

At the resumed hearing, the owner withdrew his appeal and the Court confirmed the closing order, the judge remarking that in his opinion the dwelling was unfit by reason of dampness, lighting and ventilation and that it was unreasonable that anyone should continue to live in it.

It was very apparent throughout this case that the judge was desirous of giving the appellant owner every opportunity to state his case and emphasises once again how important it is that a local authority should act reasonably both as respects the law and fact.

## **REPAIR AND IMPROVEMENT OF DWELLINGS**

Where houses or parts of buildings are the subject of closing orders or “undertakings to repair” it is the practice to meet owners, or architects, or agents, or builders, or prospective purchasers on site to acquaint them with the department's requirements and enable schemes of repair and improvement to be prepared and submitted.

These site meetings enable various alternative layouts, etc., to be examined with a view to achieving the best within the limits imposed by size and arrangement, and improving such matters as natural lighting and ventilation, access, etc.

In addition to the provision of new or improved facilities for the preparation, storage and cooking of food, complete re-siting of the kitchen—the workshop of the house—is often undertaken and brought more into line with modern ideas.

Measures against dampness, the provision of internal W.C.'s and modern sink units, indeed in many cases the installation of bathrooms, electric heating and lighting points and hot water supplies have achieved a standard of housing closely approximating to the 12 point discretionary grant standard.

During the year 59 dwellings, being either houses or parts of buildings, were repaired and improved including five with the aid of improvement grants, involving in all an expenditure of approximately £43,700 (Tables 7—8—9—10 refer to the work of the section).

## **MEAT INSPECTION**

### **SLAUGHTERING FACILITIES**

During the year ending 31st December 1965, the slaughtering of live animals for the butchery/bacon trade was confined to the public abattoir and two private slaughter houses.

The total number of animals slaughtered in the City has decreased by 27·0 per cent (Table 12). This appears to be an alarming figure but when it is broken down the individual percentages give a much more accurate picture (Table 11). Throughput at the public abattoir has decreased by 2·8 per cent, but this is in keeping with the national average decrease and shows that the only increase in the animal population is occasioned by pigs. It appears that only slaughter houses supplying the export market have maintained last year's throughput.

The number of pigs slaughtered at the public abattoir and the bacon factory has increased by nearly 3,000 and it is hoped that the position will be maintained in 1966. With a national decrease in the number of bovine animals it is only natural that the calf situation should deteriorate as well. Whether calf slaughter will ever be very heavy is a debatable point.

Slaughtering continued at Hotwells lairs until the end of November, but on an ever decreasing scale. It would appear that its use as a slaughter house has now ceased. For most of the year a team of butchers was employed boning beef for a large manufacturing company in London. The method of boning and treating hind-quarters of beef was so complete and unusual that it invites comment. Not only were all the bones and fat removed but all large muscles were separated and the connective tissue removed. All pieces were stored in separate containers and sent to London for manufacturing purposes. Hotwells lairs has been operating as a slaughter house since the Ministry of Food took it over in 1941 and used it for supplying rationed meat to the butchers in Bristol and the surrounding areas. When rationing ceased in June 1954 the Bristol butchers formed a company to take over the work the Ministry of Food had been doing (i.e. purchase of live animals, and the slaughter of them) so that the local butchers could view and select the type of carcase meat they wanted. The local company was known as the "Mutual Meat Traders Ltd". It is sad to see these old premises, which have been in use for many years, cease to function, but they had become very sub-standard. It is because the throughput at Hotwells has fallen (by 60·6 per cent) that the overall picture in Bristol looks gloomy. From the Hotwells lairs some 2,402 lambs and 25 bodies of beef were exported to Switzerland during the year under review.

The effectiveness of the Tuberculosis Eradication Orders of 1958/1959 is still apparent (Table 13). It is worth noting that Irish cattle have also been subjected to an eradication scheme and whilst in 1961 the percentage of animals slaughtered in Bristol and found affected with tuberculosis was about 6 per cent, this has been reduced to 0·114 per cent. Two reactors were slaughtered at the Gordon Road abattoir this year and both had positive tubercular lesions. One calf slaughtered at the abattoir was condemned for generalised tuberculosis and two heifers slaughtered at Hotwells lairs had tubercular lesions in the head. Notification in each case was sent to the Ministry of Agriculture, Fisheries and Food. It would be helpful if we could be informed of the results of any enquiry made as a result of a notification from this department, and if further reactors are found, if they could be sent into this abattoir for slaughter. One pig carcase was condemned for generalised tuberculosis, but as the tubercular strain found in swine is usually different from that found in bovines, the Ministry do not require notification of these lesions. The difficulty of obtaining specimens for lecturing and examination purposes continues, and while this position is a very satisfactory one from the public health point of view, it is hard to adjust to the fact, when, in the not very distant past, all the specimens needed could be obtained.



The incidence of cysticercosis has risen slightly in cows from 0·076 per cent to 0·11 per cent and in best cattle from 0·12 per cent to 0·14 per cent (Table 25). This increase is so very small it is impossible to draw any inference. All affected carcasses were subjected to cold storage treatment in accordance with the Meat Inspection Regulations 1963. Carcase meat affected with cysticercosis and sent by local authorities from outside the City into the local cold stores for cold storage treatment were checked and stamped when the treatment had been completed.

The use of the abattoir for lecturing and demonstration purposes continued but owing to the restricted accommodation we have at present it was necessary to refuse permission for an additional course to start this year. This has highlighted the poor facilities provided for students, lecturers and examiners. In the plan for the proposed alterations to the abattoir provision has been made for a small lecture room, but owing to the restrictions upon expenditure it is likely that these alterations will be delayed. The number of overseas visitors and students attending the abattoir continues to increase and the problem of office accommodation is now so acute that there are sometimes two meat inspectors, one authorised assistant, one trainee and two or three students using an office space that is only sufficient for two inspectors.

## **BACON FACTORY**

Only one slaughterhouse attached to a bacon factory is in use at the present time. The throughput here shows an increase of 6·6 per cent (Table 12) and there is no reason to believe that this figure will decrease. Although the appointed day for the Slaughterhouse Hygiene Regulations has been deferred, this firm has brought the lighting arrangements up to the proposed standards. The factory itself is new and very modern and the small goods are manufactured under very satisfactory and hygienic conditions.

## **MEAT INSPECTION**

All animals slaughtered in Bristol during the past year have been inspected by inspectors attached to the meat section and in accordance with the Meat Inspection Regulations. These regulations have imposed more detailed work on the staff and the two newly appointed authorised meat inspectors have contributed greatly to the work of the section. When these two assistants qualified as authorised meat inspectors and were appointed, a further assistant was engaged; he has since qualified and will be available for appointment should the need arise.

Ritual slaughter was practised regularly at Hotwells lairs and since these premises closed the work has been transferred to the public abattoir. Due to the definite stand taken in the past that slaughtering would be permitted only by men holding a current licence, very few administrative difficulties were experienced during the year.

Dr. H. R. Cayton, Director of the Public Health Laboratory Service, Canynge Hall, has again been most helpful in giving opinions on specimens submitted to him, particularly in regard to pet meats. Our thanks are due to him and his staff.

Dr. H. D. Crofton, of the Zoology Department, University of Bristol, has, as always, been most helpful in determining difficult parasitic conditions, particularly with regard to suspected cysticercosis lesions which had calcified or were beginning



to calcify. An occasional typical lesion has turned out to be a very small abscess, but it requires the use of the microscope to determine this condition. During the year a total of 1,360 specimens of pigs' diaphragms were submitted for detection of the parasite *trichinella spiralis*. We were again fortunate in that no positive specimens were discovered. Over the past few years the total number of specimens submitted for examination is over 8,000, but very few positive results have been reported. This again suggests that routine examination for this parasite is not necessary.

#### **MEAT DEPOTS — COLD STORES**

The meat depots wholesaling meat, whether English or imported, have been maintained in a satisfactory manner. Considerable trouble was experienced with poultry for the Christmas trade. Many carcasses were found unfit because the birds had pecked up wood chips on which they had been bedded during fasting. The wood chips had fermented inside the birds causing a most objectionable odour to penetrate throughout the carcase. Many more carcasses arrived in a decomposing condition due to the method of packing for transport. The few very humid days during the weekend before Christmas were also responsible for a rate of condemnation higher than usual. Occasionally fresh pigs' offal consigned from Ireland arrives in a most unsatisfactory state resulting at times in considerable loss. The meat trade does not appear to have solved some of those difficulties inherent in the five-day week, particularly those connected with the transport of meat. For instance chilled beef, packed with a few blocks of solid carbon dioxide in insulated containers in readiness for the following week's trade, may arrive at the depots on either Friday, Saturday or Sunday and it is suggested that many of the difficulties arising from this practice would be resolved if all the vehicles used could be refrigerated vehicles. Again, some of the beef from Scotland is not transported in the manner that the quality of the meat deserves. Whilst complying with the requirements of the regulations—which are of a low standard—the mis-shapen quarters delivered from the transport vehicles sometimes demand considerable trimming and consequent wastage.

The public cold stores are maintained and continue to function most satisfactorily and I am happy to record that co-operation between the management and this department is all that could be desired.

#### **KNACKERS' YARDS**

For many years past there have been only two premises licensed to be used as knackers' yards in the City and it would not be surprising if one of these ceased to function as such in the near future as there is considerable demand for additional floor space by other sections of allied trades carried on at the premises.

Little slaughtering takes place at either of the existing premises as most of the carcasses dealt with are brought in already dead.

A thriving trade in "pet meat" is carried on from one of the yards, the product being stained or dealt with in compliance with the Meat (Staining and Sterilisation) Regulations 1960.

#### **PET SHOPS**

260 samples of meat and offal were purchased from pet shops during the year and submitted to the Director of the Public Health Laboratory Service for examination

for salmonellae and shigellae. No evidence of shigellae was discovered, but Tables 14 and 16 set out the varied types of salmonellae that were isolated.

Of the samples submitted, 58 or 22·3 per cent showed positive evidence of salmonella contamination. Tables 18 and 19 set out the total number of samples taken and the results obtained over the past five years. The tables show that over the period out of a total of 584 samples submitted for examination 87 or 14·9 per cent were returned as positive. An interesting aspect of this year's sampling is that as a result of repeated sampling from the same shops it was possible to check on the wholesalers supplying this class of meat.

It was originally understood that in the case of one wholesaler, only horse flesh and horse offal was being supplied. Examination of offals exposed for sale indicated that a considerable number of the liver pieces were, in fact, not equine but bovine liver. The Meat (Staining and Sterilisation) Regulations 1960 demand that if such liver is derived from a slaughterhouse it must be sterilised, while if from a knackers' yard it must be stained. The liver pieces examined were neither sterilised nor stained.

The advice of Dr. Crofton was sought and Dr. Cayton agreed to carry out a "protein precipiten reaction" test to determine whether the liver was of equine or bovine origin. As a result of this test, followed by investigation of further samples, a pet shop was visited and a total of 571 lbs. of liver was seized and taken before a magistrate, who ordered its destruction as contravening the provisions of the Regulations. Proceedings in respect of this liver have been instituted.

It is obviously a very serious matter that such a quantity of untreated and potentially dangerous material can find its way into a retail shop without, apparently, having been treated as prescribed.

#### **BUTCHERS' MEAT**

The sampling of butchers' meat was also continued and Table 15 sets out not only the type of meat sampled but also the country of origin. It will be seen that out of the 270 samples submitted only 2 or 0·7 per cent were positive for salmonella contamination, which shows a very satisfactory state of affairs.

#### **SEWER SWABS**

92 sewer swabs were taken during the year from the three slaughterhouses and submitted for examination. 15 or 16·3 per cent were found to contain salmonellae. The last column of Table 16 shows the types of salmonellae isolated. These figures again show an increase over last year, but do not fit into any regular pattern.

#### **SCHOOL KITCHENS**

The visits to the kitchens of the school meals service continued during the year. As a result of the reduction in slaughtering, one of the meat inspectors usually engaged on full-time meat inspection was able to spend more time on routine visits to these premises. The number of visits made during the year amounted to 413, compared with 134, an improvement anticipated in the report for 1964.

Minor defects revealed in 20 of the kitchens were rectified after notification to the Chief Education Officer. The standard of hygiene in school kitchens is very high and credit is due to the kitchen supervisors.

## LEGAL PROCEEDINGS AND INVESTIGATIONS

Successful prosecutions were instituted in respect of food supplied to school kitchens as follows:—

- (a) A butcher pleaded guilty to supplying (i) meat contaminated with rodent excreta and (ii) ox tongues unfit for human consumption. Fines of £20 on each count were imposed and costs of £5 5s. 0d. awarded.
- (b) A firm of wholesalers pleaded guilty to supplying two tins of pork luncheon meat containing foreign bodies. Fines of £20 on each of two counts were imposed and costs of £5 5s. 0d. awarded.

A complaint of meat containing a foreign body—a piece of glass—was thoroughly investigated but owing to the impossibility of apportioning the blame no legal action was taken.

An investigation was made concerning a tin of apricot pieces. The outer skin of some of the pieces was marked by pale yellow patches causing a query to be raised. The fruit was submitted to the Public Analyst who reported that the pale discolouration was shown microscopically to consist of needle fine crystals assumed to be hesperidin. As this is an apparently harmless compound occurring naturally in certain fruits, including citrus fruit, no further action was taken.

## PIGGERIES

Routine visits to the piggeries and poultry premises were continued during the year. As mentioned above under school kitchens, one meat inspector was able to spend more time on routine inspection and the number of visits rose from 179 to 428. However, difficulties are sometimes encountered in securing entry due to part-time occupation of some premises (Table 17 refers). Generally speaking, occupiers have improved conditions after repeated visiting, but while the standard has certainly not deteriorated there is room for further improvement.

## NEW LEGISLATION

The Eggs (Marketing and Storage) Regulations 1965.

The Meat Inspection (Amendment) Regulation 1965.

(This amendment delays the full implementation of the Meat Inspection Regulations 1963 by 12 months.)

The Diseases of Animals (Therapeutic Substances) Amendment Order 1965.

The Markets (Protection of Animals) (Amendment) Order 1965.

## MILK AND FOOD INSPECTION

### NEW LEGISLATION

Composition & Labelling — Dried Milk Regulations, 1965

These regulations, which came into operation on 11th March 1965, re-enact with amendments the Public Health (Dried Milk) Regulations 1923—1948; they also revoke the Dried Milk Regulations 1964, but re-enact most of their provisions. The Public Health (Dried Milk) Regulations 1923—1948 continued in force, however, for a transitional period ending on 10th September 1965.



The principal changes are:—

- (a) minimum and maximum percentages (calculated by weight) are prescribed for the milk fat content of dried threequarter cream milk, dried half cream milk, dried quarter cream milk and dried partly skimmed milk.
- (b) the upper limit for the milk fat content of dried skimmed milk has been reduced from 8 per cent to 1·5 per cent and the description “dried low-fat skimmed milk” is permitted as an alternative description.
- (c) a maximum moisture content of 5 per cent is prescribed for all descriptions of dried milk.
- (d) containers bearing the description “dried low-fat skimmed milk” are required, and those bearing the description “dried skimmed milk” are permitted to carry a declaration as to the maximum milk fat content of the dried milk in the container: and containers of any other dried milk are permitted to carry a declaration as to the actual milk fat content.

#### **The Eggs (Marking & Storage) Regulations, 1965**

These regulations, which came into force on 1st June 1965, revoke and supersede the Agricultural Produce (Grading and Marking) (Eggs) Regulations 1936, as amended.

With amendments, these regulations re-enact some provisions of the revoked regulations dealing with such matters as the marking of eggs which have been preserved, or which are placed in cold storage or chemical storage and the manner of registering premises which are used for such storage. Other matters include particulars of the notices to be given on placing in or removing eggs from such storage and of records to be kept by occupiers of registered premises and by persons who place eggs in cold storage or chemical storage on such premises and the manner of marking containers of eggs which are stored and are not intended for sale by retail.

The provisions of the 1936 regulations relating to grade, designation and marks for eggs are revoked without replacement.

#### **The Cheese Regulations, 1965**

The regulations:—

- (a) specify requirements for the composition and description of cheese of various kinds, including processed cheese and cheese spread.
- (b) specify requirements for labelling and advertisement of cheese and
- (c) amend the Labelling of Food Order 1953.

The date of operation of the above regulations will be 1st February 1967.

#### **The Milk Special Designation (Amendment) Regulations, 1965**

A new designation “Ultra Heat Treated” is prescribed in relation to milk which has been treated by the ultra high temperature method.

#### **Long Keeping Milk**

In the latter part of the year the Minister of Agriculture, Fisheries and Food and the Minister of Health signed an Order which provided a special designation for long keeping milk. If this milk is packed under sterile conditions it is said to have an indefinite life.



From 1st October 1965, this milk may be retailed in England and Wales under the name "Ultra Heat Treated" or, more simply, "U.H.T." milk. This milk will be available side by side with other types, but the amount coming on to the home market in the near future is not expected to be very great.

As far as I am aware no local dairyman is contemplating processing this type of milk in the immediate future.

### **THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963**

No egg pasteurisation plants have been established in the City. A total of 24 samples of liquid egg have been taken and submitted to the alpha-amylase test; of these 20 were satisfactory; four, supplied by one processor, were unsatisfactory. The processor was informed and a repeat sample passed the test.

### **MILK**

#### **(a) Chemical Analysis**

A total of 624 samples of milk was submitted for chemical analysis, of which 17—all Channel Islands milk—were found to be deficient in fat. Six were satisfactory when bulked with other samples from the same consignment. In the other cases, the producer was advised and the District Advisory Officer, Ministry of Agriculture, Fisheries and Food informed. Meanwhile the use of the specified description "Channel Island" was discontinued.

#### **(b) Biological Examination**

Thirty-nine samples were submitted for examination. None of these was found to be positive for either tubercle bacilli or brucella abortus (Table 30 refers).

#### **(c) Designated Milk**

A total of 414 samples of pasteurised milk (including 103 from schools) and 21 samples of sterilised milk was submitted to the laboratory. All of the latter were satisfactory but one pasteurised milk failed the phosphatase test and five—all school milks from one producer—failed the methylene blue reduction test. Appropriate action was taken in each case.

Of 172 samples of untreated milk, 18 failed the methylene blue reduction test, all but one being from vending machines. Regular samples are secured from the machines of which we have knowledge (Table 29 refers).

### **COMPLAINTS**

It is of interest to note that the number of complaints received from all sources during the period is almost the same as last year—387 as against 392 in 1964.

The incidence amongst various types of food bears a striking resemblance: a slight increase in "general foods" (81 as compared with 69) and "meat and meat products" (74—64) and a decrease in "confectionery" (26—40) and "others" (8—21).

The type of complaint, too, remains similar over a broad field: a decrease in the number of "personal items" (7—19) and an increase in "insects" (53—43). The number of items found to be "not true foreign bodies" also shows a rise from 12 to 30.

The condition of milk bottles and/or the milk contained therein gave rise to an almost unchanged number of complaints and one prosecution arose from such an incident. It is difficult, however, to see how such complaints can be eliminated whilst the present method of distribution in glass bottles continues.

Considerable effort and money were expended by one large dairy in undertaking investigation—as a pilot scheme—into the possibility of supplying milk to schools in non-returnable cartons.

The incidence of complaints of “mould” decreased from 98 to 72 and of “incorrect labelling and/or misrepresentation” from 55 to 26. The figure for “abnormal smell, taste and/or colour” rose from 64 to 104 and this re-emphasises the greater vigilance which the public as a whole exercises since the unfortunate occurrences of last year.

Approximately two-thirds of all complaints from the public were received by telephone. This frequently enables a visit to be made to the complainant within an hour or so, which is often of great help to the inspector in determining the condition of the food at the time of sale (Table 35 refers).

## **CANNED MEATS**

### **Revised Proposals for Regulations on Canned Meats**

The Minister of Agriculture, Fisheries and Food considered comments on the proposals for Regulations issued in March 1964, and after consulting with the Minister of Health decided in May 1965 to issue revised proposals in the light of comments received.

During the year approximately 200 samples of canned meats were submitted for analysis and of these about 10 per cent were reported below the proposed standards. Note has been made of these brands for future reference when the new Regulations come into force.

### **Corned Beef**

Throughout the year some 20 complaints were received regarding canned corned beef, of which 13 were concerned with surface discolouration of the meat. No doubt the “Aberdeen affair” has made the general public nervous of this class of meat. However, in every case the dark stains found on the top surface of the meat were shown by microscopic examination to be metallic discolouration, mainly due to sulphide of iron. Although unsightly, this type of stain quite commonly forms by interaction of can and meat, and is harmless if eaten. In every case the condition was brought to the attention of the retailer or manufacturer who made recompense to the customer.

### **Suspected Misrepresentation**

Complaint was made to this department by two independent customers on different dates, each having ordered a meal at local restaurants which consisted of chicken. In both cases the allegation was that the meat served was that of rabbit.

Specimens submitted by each complainant were forwarded to the laboratory. From examination of the bone structure the Public Analyst was able to confirm the bones were in fact those of chicken.

It is interesting to note that in each case only the bones were received, both customers apparently having consumed the meat even though it may have been rabbit!

## **"PINK ELEPHANTS"**

In mid-December my attention was drawn to a column in a national newspaper under the heading "Around America". The article headed "Drink Coolers Danger—Water Contaminated" stated that plastic ice balls imported into America from Hong Kong were being examined by health authorities after complaints that some were alleged to contain contaminated water.

The ice balls were intended to be frozen and re-frozen and used for chilling drinks and it was stated that their sale had been forbidden in six cities and three States. No illness had been attributed to the containers but the Arkansas Health Department were reported as indicating that some held bacteria that could lead to stomach ailments if the water content leaked.

Enquires were made at shops throughout the City and it was found that small boxes of plastic balls (measuring about one inch in diameter) and fancy boxes of small pink elephants marked "Ice cold without ice" were being sold for Christmas gifts.

Samples were obtained and submitted for chemical and bacteriological examination of the water content.

This was followed by further samples and after extensive investigation the Director of the Public Health Laboratory Service, Bristol, reported on numerous types of organisms found and stated that "The results suggest that the hygiene of the process is more likely to be at fault than the mains supply".

Shortly afterwards a meeting of the Health Committee became front page news in the local and national press under the large headlines "M.O.H. Declares War on Pink Elephants", when the Medical Officer of Health warned of the possible danger of importing cholera from Hong Kong.

Local stores stopped the sale of these articles and it was reported that the Hong Kong Government had called a halt in production and export of drink cooler novelties—including pink elephants.

## **"WORM" IN MEAT**

On another occasion complaint was made regarding an alleged "worm" found in a joint of beef. Upon examination this was found to be a dried-up portion of a blood vessel.

## **SUSPECTED HORSEFLESH**

In March a Southmead housewife purchased steak and kidney at her local butcher shop and upon examining it a little while later she discovered what she thought was horseflesh. However, our inspector was able to reassure the complainant that the small portion of meat in question was quite normal, deriving in fact from an animal of the Channel Island breed.

## **CHEESE**

Twenty-five samples of cheese and cheese spread were submitted. In view of the impending new Regulations the following six samples were specially examined and reported on as follows:—



			<i>Fat (min.)</i>		<i>Moisture (max.)</i>	
			<i>found</i>	<i>proposed %</i>	<i>found</i>	<i>proposed %</i>
Wensleydale	...	...	59	48	39	46
Leicester	...	...	62	48	37	42
Cheshire	...	...	66	48	36	44
Double Gloucester	...	...	56	48	32	44
Caerphilly	...	...	42	48	19	46
Cheddar	...	...	66	48	36	40

It is of interest to note that only one sample, "Caerphilly," failed to meet the minimum fat standard.

## CONTINENTAL, WEST INDIAN AND PAKISTANI FOODS

The following is a list of foods, unusual to the normal British cuisine, which were sampled and reported satisfactory:—

Karela	Similar to cucumber or marrow
Kabli Chana	Curried chick peas and onions
Saag	Similar to spinach
Gungo Peas	A type of legume
Susumber	A type of bean
Ockra	A type of pepper in a glutinous liquid
Ganthia Flour	A type of bean or pea flour, also known as gram
Yellow Yams	Bamboo shoots
Dhaniya	Coriander fruits
Raywari	A sweetmeat of sesame seeds
Wari	A mixture of flour, nuts and seeds
Hurd	A hybrid between the plum and fig family
Tinda	A small green tomato-like vegetable
Har Kabuli preserve	A cross between fig and plum
Tindora	A small cucumber or gherkin
Dolmash	A legume like the lentil
Dolchana	A legume like the split pea
Birchermuesli	A mixed cereal with fruit and nut

## INFECTIOUS DISEASES

### Suspected Typhoid Fever

During August two contacts of cases which had occurred in a northern seaside resort, and in September 93 contacts of a case which arose at a holiday camp, were notified. These contacts were visited and investigations revealed two positive cases of paratyphi B.

A further 11 contacts were also followed-up during the year. Amongst these were a husband and wife who had been on a touring holiday in southern France. The husband was stated to have been unwell whilst in the Marseilles area. Some concern was felt, as both suspects were teachers, but they were later found to be clear of infection.

On investigation of another case of paratyphoid it was found that the family had been visiting relations in south Italy. The wife of the patient worked at a school kitchen and another member of the family was employed by a local processing dairyman. Arrangements were made for both to be excluded from work involving food handling. Subsequently the family was found to be clear of infection and the two persons mentioned above were able to resume their normal employment.



## **FOOD POISONING**

In early July concern was felt regarding the increased number of cases of salmonella typhimurium isolated within the City during the previous month and as a result of further investigation information was received that salmonella had been isolated at an abattoir, situated outside Bristol, which sent meat to a number of butcher shops and a hospital within the City.

A complete list of premises was obtained and as a result salmonella typhimurium was isolated from samples of beef, pork and liver taken at butcher shops.

Consultation took place between medical officers, the Director of the Public Health Laboratory Service and veterinary officers from the surrounding districts.

Doctors visited the abattoir on 29th July and the premises were closed for several days in order that thorough cleansing could be carried out.

Later, after further swabbing, the slaughterhouse was pronounced clear of infection.

In circumstances of this kind it can be very difficult to prove the actual source of infection, animals being purchased at markets over a wide area. During the investigation swabs were taken from greyhounds and two sheep dogs having access to the abattoir and veterinary officers also obtained specimens from 25 farms in the neighbourhood sending animals to the abattoir.

## **DYSENTERY**

The opening of 1965 saw a sudden increase in the incidence of cases both notified and confirmed; more cases in both categories (97 and 83 respectively) occurred in January alone than in the previous five months together! For the first four months of the year this spate continued unabated and altogether 358 cases were notified, of which 270 proved positive.

The period to the end of July saw a gradual reduction in cases and from August onwards there was little cause for further concern. The final totals for the year were 646 and 430 and compared with 514 notified and 323 confirmed in 1964.

## **ATMOSPHERIC POLLUTION**

### **SMOKE CONTROL**

This year has seen the completion of works in connection with the No. 7 Smoke Control Area. Some late applications for grant aid were received and these, together with the inspection of completed works, continued to throw a burden on the department which again necessitated the use of district inspectors at intervals for three quarters of the year.

The full effect of Circular 69/63, which advocated the increased use of closed appliances and underfloor draught fires for burning solid smokeless fuels, was still not apparent within the period allowed for the adaptations of fireplaces in this smoke control area, but in future areas the financial inducements contained in the Circular will no doubt be reflected. The following statistics do not, therefore, present a true picture of its effect.

In all, 1,490 adaptations and replacements were approved for grant purposes.

The inset grate still proved to be the most popular replacement for the "stove and fret" grate, accounting for 32 per cent of the adaptations; underfloor draught fires accounted for 9 per cent, solid fuel room heaters for 7.5 per cent, while solid fuel room heaters with back boilers accounted for 1 per cent of the total.

The most striking aspect of this area was the trend towards 'piped' fuels particularly gas, 22 per cent of the adaptations involving the installation of gas room heaters. Electricity claimed 11 per cent of the total number of adaptations, half of which were thermal storage heaters and half being direct acting space heaters which were designated by the Minister under Section 95(3) of the Housing Act, 1964 at the end of last year. 12.5 per cent of the fireplaces in respect of which grant was approved were replaced by the installation of central heating. 81.2 per cent of the central heating installations were solid fuel; 5.8 per cent oil and 13 per cent gas. The rather high figure for solid fuel is explained by the inclusion of this classification of solid fuel room heaters with high output back boilers supplying radiators. The remaining 5 per cent of the adaptations covered the replacement of half inch fire bars in inset grates with those of  $\frac{5}{8}$  inch and the provision of conversion sets for underfloor draught fires.

The number of amendments to the original memorandum on smoke control areas continues to grow steadily. This at least demonstrates that smoke control area procedure is flexible and can readily be changed, in the light of experience, to meet the ever changing smokeless fuel supply position. Two notable changes in procedure are contained in Circulars 51/65 and 77/65. Circular 51/65 lays down the maximum cost limits for the various types of appliances and will have the effect of standardising grants paid throughout the country. It is also the first clear cut guide to local authorities on the cost limits of appliances which the Minister is prepared to approve for grant purposes, while still leaving the local authority free to assess the reasonableness of installation costs in each particular case. It is of interest to note that the figures laid down by the Minister approximate very closely to those used in Bristol prior to this Circular.

Circular 77/65 further streamlines the procedure for setting up smoke control areas, requiring less detailed information regarding adaptations to local authority dwellings and removes the necessity for the submission of estimates of smokeless fuel consumption in proposed smoke control areas. This simplification of the handling of smoke control areas is most welcome, especially as it will enable greater progress to be made with smoke control programmes.

Because of difficulties in the South Wales coalfields there has been a shortage of "Lovol", an authorised fuel which has proved extremely popular in Bristol. Consultations were held with the National Coal Board and assurances received that the supply of this fuel would be maintained at 250 to 300 tons per week. So far this winter this assurance has been kept and the needs of existing smoke control areas have been satisfied. Bristol is fortunate as in addition to this fuel, there are abundant supplies of "Gloco" available, and supplies are assured for at least the next three to four years. The position with regard to the future supply of smokeless fuels in Bristol appears healthy and further smoke control areas can be considered with confidence.

At the close of the year the Health Committee approved a revised smoke control programme which aims at a smoke controlled City in 12 to 15 years. This

presents a formidable task and will stretch our resources to the full, but every effort must be made to tackle this major public health problem. In future, smoke control areas will be defined by making use of the municipal ward boundaries. This will facilitate administration and will also enable members of the public to identify smoke control areas more readily. Work has just commenced on the survey of the proposed No. 8 Smoke Control Area, which is situated in the north west of the City, and it is hoped that the Smoke Control Order for this area will be made in 1966 (Table 36 refers to smoke control areas to date).

During the year 12 complaints of smoke emissions and seven complaints of fumes from domestic central heating boilers were received. The latter figure refers to oil fired boilers and the cause in each case was a flue of inadequate height. Closer attention must be paid to this most important point by installers of central heating equipment if nuisance from this source is to be prevented.

Nine cases of smut emissions and two of grit deposits were investigated and of these, two are worthy of detailed consideration.

Numerous complaints were received from residents of the Kingsdown district concerning smuts emitted from the chimney of the University and United Bristol Hospital Joint Board boilerhouse. During the year this boilerhouse was extended to accommodate three additional Economic boilers, bringing the total to nine, and at the same time the original chimney was replaced by one 200 ft. high. Heavy fuel oil having a viscosity of 3,500 seconds Redwood No. 2 at 100°F, is used at this boilerhouse. The chimney is constructed of a concrete shell containing four brick flues, three flues serving nine boilers, leaving one flue for future additions to the boiler plant. The three new boilers carried the whole steam load while the original six boilers were connected to the new chimney and this resulted in a serious nuisance from smut emission. Mechanical breakdowns experienced in the new plant were rectified, but this brought no real improvement in the situation. It was then found that the stack temperatures were below the dew point of the flue gases, resulting in the formation and subsequent emission of smuts. After meetings between the Health Committee and its officers and representatives of the Hospital Board, it was decided that in order to achieve a permanent solution to this problem it would be necessary to insulate the chimney in order to retain the maximum amount of heat in the flue gases. This work is now nearing completion and the smut emission has been substantially reduced. It is confidently expected that the nuisance will be completely abated early in the new year.

The second case involved an oil fired boiler plant at a paint factory in the City. The nuisance was caused by a newly installed highly efficient packaged boiler using 960 seconds fuel oil. The stack exit temperature was again below the dew point of the flue gases, resulting in the formation of smuts in the flue system and their eventual emission to atmosphere. The insulation of the flues could not be improved in this case, therefore the company installed equipment for the insufflation of dolomite into the flue gases at the boiler exit. Since this equipment has been in operation the nuisance has been abated and no further complaints received.

Twenty-five complaints regarding smoke nuisance were investigated and dealt with during the year without recourse to formal action. During the year 1,253 smoke observations were made by public health inspectors and 499 visits were made in connection with grant aid in smoke control areas.



## **NEW BOILER AND FURNACE PLANT**

Notifications of the proposed installation of boiler and furnace plant rated at 50,000 B.T.U's. per hour and higher, have continued to be received in accordance with Section 3(3) of the Clean Air Act 1956. As in the past, there has been a very marked trend towards the use of oil, although the industrial and commercial use of gas fired boiler plant has also shown an increase.

Much time has been spent during the year in determining heights of new chimneys in the City and, as in the past, close liaison has been maintained with the City Engineer and Planning Officer and his staff. Since the memorandum on chimney heights was introduced architects, heating engineers and other interested parties are anxious to consult the department on this question at the very early stages of planning development. The increasing awareness of the importance of maintaining ground level concentrations of sulphur dioxide within safe limits, has resulted in the greater acceptance of high chimneys. This is most welcome, but it is considered that a change in the present legislation is necessary in order that existing chimneys which fall short of present day requirements can be dealt with.

## **ADMINISTRATION OF THE OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963**

It will be remembered that in preparation for the initial inspection of some 10,000 office and shop premises respecting the new health, welfare and safety provisions, a reorganisation of the existing shops section of the department was necessary.

At the beginning of the year this section, comprising three shops inspectors, was primarily engaged in duties concerning the closing hours, half-day closing and the employment of young persons provisions of the Shops Acts.

Bearing in mind the decision to employ unqualified technical assistants in the face of the shortage of public health inspectors, it was decided to establish an offices and shops section, consisting of a specialist inspector (offices and shops), three shops inspectors and four technical assistants. By the end of the year a senior public health inspector of the department had been appointed as the specialist inspector and one of the three shops inspectors had left the department. Steps had been taken to fill the vacant post and there were indications that the coming year would see the appointment of the technical assistants. Much of the time in the early months of the new year will need to be taken up with general public health training, to be followed by more specific instruction in the application of the Offices, Shops and Railway Premises Act and the Shops Acts, for the technical assistants.

The task of registration of premises which started in 1964 and resulted in the notification of employment by 4,864 occupiers of premises, continued during 1965. A further 1,721 registrations were made, which with a few deletions from the register of premises which had ceased to be within the scope of the Act, left 6,582 premises on the register at the end of the year. At this stage it is evident that although the press, television and other publicity of 1964 is resulting in late registrations, there is going to be a hard core of occupiers who will be found, on the initial routine inspection of their premises, not to have registered them. This despite the fact that summary proceedings have already had to be taken in Bristol to secure compliance with the Act. It is estimated that the number of premises unregistered



will be in the region of 15/20 per cent. The completion of the initial routine inspection of all premises in the City will take a considerable time, and until this is done, the register of premises will not be a true reflection of the number of offices and shops, for the condition of which the local authority is responsible.

During the year new Regulations came into force. After the 1st June 1965, The Information for Employees Regulations required that employees should be informed of the effect of the Act and Regulations by a copy of the Abstract of the Act being posted in premises, in a position where it could easily be seen, or by giving to employees copies of an explanatory book prepared under the auspices of the Ministry of Labour.

On the 2nd August 1965, the commencement of The Offices, Shops and Railway Premises Act, 1963 (Conduct of Enquiries) Regulations, 1965, provided for the conduct of enquiries into objections to special Regulations.

On the 1st December 1965, the Offices, Shops and Railway Premises Act, 1963 (Exemption No. 3) Order of 1965 was made, exempting certain small buildings used for retail sales and situated in certain public open spaces or beaches, from the requirement to provide sanitary conveniences for employed persons, subject to conditions.

On the 1st September 1965, the Offices, Shops and Railway Premises First Aid Order, 1964 came into force. The Act requires that a first aid box must be in charge of a person trained in first aid and the Regulations lay down the conditions which a person is required to satisfy before he is deemed to be so trained.

During the year 1,770 inspections were carried out, 35 of them in office premises and 1,735 in shop premises.

In the main, visits were made in connection with the investigation of complaints, notification of accidents, requests for information, requests on the part of management for advice and discussions with architects and engineers seeking guidance on the requirements of the Act in connection with alterations to premises, proposed layouts and equipment of new premises. A considerable amount of work was done in following up these visits.

With the commencement of a programme of general inspection throughout the City in the forthcoming year, it is apparent that an expansion of the clerical staff will be needed to deal with the vast increase in the administrative work connected with the registration of premises, recording of inspections and preparation of reports.

Amongst the complaints received were a number concerning insufficiency of temperature. These included a number of shops where the management insisted on keeping the front door open regardless of the severity of the prevailing weather. Another complaint concerned premises occupied by wholesale newsagents. Newspapers were sorted and despatched in the small hours of the morning; difficulties here were overcome after informal discussion.

Accidents, of which there were 149 notifications, followed by 31 investigations, produced considerable information indicating the type of accidents to be expected in offices and shops. The experience being gained by inspectors in the inspection of dangerous machinery and parts of premises which give rise to danger to employees, is being increasingly used in making recommendations for the safety of staffs and the training and warning of operatives using such machines and premises.

The problem of safety in offices and shops differs in character from those affecting factory workers and there is still a great deal of work to be done in the former field. It is interesting to note, from the analysis of the quarterly returns sent to the Minister of Labour, the high proportion of accidents which cannot be attributed to defects in premises or equipment. An example of this type of accident is the fall on floors or stairs, which are properly constructed and satisfactorily maintained and where other persons are not involved, and the accident can only be explained by human error on the part of the injured person.

Close liaison between officers of this department and H.M. factory inspectorate becomes more important than ever as the work of the section expands. The numbers and complexity of problems of demarcation and responsibilities for enforcement and acceptance of registration between the two authorities have greatly increased the need for uniformity of interpretation of the Act. As time goes on, this is being found to be particularly so in technical matters. I am again happy to be able to report that the exceedingly close relationship with the factory inspectorate is maintained.

At the request of the Minister of Labour, a survey of lighting conditions in both office and shop premises was carried out during the last three months of the year. At present no prescribed lighting standards exist for the guidance of technical officers in assessing sufficiency and suitability of illumination and the object of the survey was to produce data for the information of the Minister.

Observations made during inspections show that in very few premises had the lighting systems installed been designed by lighting experts. In shop premises, in many cases, there existed a distinct difference in illumination level between the part of the premises where the public was invited and those parts from which they were excluded, i.e. stock rooms, preparation rooms, passages and stairways. In some establishments the brightest lighting on the premises was in the arcade of the shopping front.

In some offices situated in buildings originally constructed as dwelling houses, where the original inadequate lighting installation has been supplemented by other lighting, the arrangement has not always produced the best results.

In addition to the general lighting survey, a further 210 visits made during the month of November, included measurements of light taken at working planes. Owing to the persistently dull weather during the month, these measurements were mainly of artificial lighting conditions, and there was little opportunity to make comparisons between the natural lighting and artificial lighting of any premises. The diversity of lighting conditions found both in offices and shops, ranging from the very bad to the very good, indicated the need for a lighting standard to obtain a uniform assessment of the problem, if satisfactory overall lighting conditions are to be realised.

## **ADMINISTRATION OF THE SHOPS ACTS & KINDRED LEGISLATION**

### **GENERAL ADMINISTRATION (SHOPS ACTS 1960/65)**

During the year the Shops Acts, 1950, was amended by the Shops (Early Closing Days) Act, 1965, which repealed all the Orders fixing the day of the week on which shops had to close for the weekly half holiday, now known as the early closing day, and giving all shopkeepers a free choice of the day on which they close.

Shops Acts visits were combined with visits under the Offices, Shops and Railway Premises Act, 1963 and this, together with the fact that one officer resigned to take up a similar appointment elsewhere, accounts for the reduced number of Shops Acts visits made during the latter part of the year.

Exemption from the early closing day provisions was granted to certain trades in the Gloucester Road area, and, for hairdressers, extending to Cheltenham Road and Stokes Croft to the Broadmead area. Exemption Orders were also made in respect of photographic goods in the area bounded by Baldwin Street, High Street, Broad Street and the Centre, and for marine opticians at Avonmouth.

The Health Committee granted exemption from the general closing hours in respect of the following exhibitions:—

- (1) At Home with the Danes,
- (2) The Aquarists Open Show,
- (3) The Civic Flower Show.

On two occasions the Senior Shops Inspector spent an afternoon instructing students attending Ministry of Labour Administrative courses and talks were also given to employees of the South Western Electricity Board.

A prosecution involving 15 summonses under the Shops Act, 1950, and four under the Offices, Shops and Railway Premises Act, 1963, resulted in the company concerned being fined £56 or failing to close for the serving of customers on 12 occasions during July and August, £10 for failing to keep records of young persons' hours and £31 for the offences under the Offices, Shops and Railway Premises Act. The company were also required to pay £5 5s. 0d. advocates' fees and £7 19s. 8d. witnesses' expenses.

Further summonses for subsequent offences in regard to the closing hours were due to be heard later in the year, but have been adjourned until January 1966.

The Home Office have issued proposals on retail trading hours and are in consultation with interested parties about suggested provisions for amending the Shops Act, 1950.

The annual conference of the Institute of Shops Acts Administration was held at Weymouth and the department was represented by the Senior Shops Inspector and myself.

#### **YOUNG PERSONS (Employment) Act, 1938/64**

Thirty-nine visits and re-visits were made to premises to which these Acts apply. No major infringements of the Act were disclosed.

#### **SUNDAY ENTERTAINMENTS ACT, 1932**

Visits were made to all cinemas open on Sundays but minor infringements only were disclosed.

### **RAT DESTRUCTION DISINFESTATION AND DISINFECTION**

The efforts to remove rats from the City sewerage system, which became a continuous operation in June 1964, has continued unremittingly throughout the year. As the statistics for each phase become available it is evident that the rat population



is steadily declining. An extract from these statistics provides an impression of the amount of work achieved in this respect:—

No. of manholes visited ... ..	7,663
No. of manholes not baited (no bench or tray) ...	679
No. of manholes sealed (road surface over) ... ..	11
No. of manholes serving tidal sewers ... ..	127
No. of manholes continuously obstructed by vehicles ...	87
No. of manholes where benching too steep ... ..	185
No. of manholes showing evidence of infestation ...	1,156
Total no. of manholes not baited ... ..	1,109
Total no. of manholes baited ... ..	6,554
No. of visits in connection with the above ... ..	24,347

The present percentage of infestation found (approximately 17·6 per cent) compares very favourably with the position of five years ago when the rate of infestation was shown to be about 32 per cent. The number of manholes showing “takes” is gratifyingly low, and proves the efficiency of the treatments carried out during the five years since this method of treatment was first evolved.

On several occasions it has been suggested by officers of the Ministry of Agriculture, Fisheries and Food that sodium fluoracetate could be used for baiting the sewers, but its use is still strongly resisted in this City as the dangers from possible residue in the mud of the river after discharge from the sewers is far too great to warrant its use.

The control of infestations within the dock systems has continued with marked effectiveness. There has been an increase in the number of regular routine inspections and the value of this method of prevention is shown by the fact that it is now a very rare occurrence to receive a complaint of rats from the dock area. The consequent saving of damage and contamination to foodstuffs and goods in transit and in store must be considerable.

#### PREVENTION OF DAMAGE BY PESTS ACT 1949

In conforming with Part I, Section 2, of the Prevention of Damage by Pests Act 1949, occupiers of 2,445 premises have notified the department that they considered their premises to be infested with rats or mice.

Verbal information was given to 96 occupiers, drawing their attention to their obligations under the above Act and the conditions that gave rise to the infestations. In all cases our requests to carry out repairs and clearance were complied with.

#### ROUTINE INSPECTIONS AND TREATMENT

The offensive trades area of the City has again been subjected to regular routine inspections and the light spasmodic infestations that have arisen have been found quickly and dealt with. During the year a large number of dwelling houses in this area have been demolished. The demolition and subsequent clearance was watched closely, but no infestation was found on any site throughout the year.

Building sites in the City were also subjected to routine inspections and the managements have co-operated fully in all cases in keeping the sites and contractors' buildings clear of rubbish and waste food, thus preventing possible infestation and harbourage.

Suspected defective drains, possibly giving rise to rat infestations, were referred to the district public health inspectors for testing or investigation. 38 cases arose during the year and in each one appropriate action was taken.



## **OTHER PESTS**

In early June the first complaints of wasp nests were received with requests for assistance in destruction; the complaints increased in July, reaching a peak in August when 1,100 requests for assistance were received during that month alone. Altogether 1,542 wasp nests were destroyed during the year.

In the latter months of the year the number of complaints of foxes increased. Advice and assistance were given where practicable, or the complainant was referred to the Ministry of Agriculture, Fisheries and Food or to the R.S.P.C.A.

## **GENERAL**

The total number of visits made by the rodent section during 1965 was 47,624. Considering the diverse industries and the large building and reconstruction programmes being carried out in the City and the large quantities of goods in transit and storage I am pleased to be able to report that the City as a whole is exceptionally free of rats and mice (Table 38 refers to the work of the section).

## **DISINFECTION AND DISINFESTATION**

The work of the Superintendent and staff of the Disinfecting Station during the year again merits my thanks and congratulations for an onerous job well done.

The year commenced with some flooding of houses caused by burst water pipes and help was given to dry out affected bedding, furniture and carpets. Again in July, November and December continuous heavy rain caused recurring floods and our services were in further demand.

It is regrettable to record again that the disinfecting staff have had to be called upon to clean up houses which were so neglected and filthy that it was unreasonable to ask the home helps to deal with them. Several loads of rubbish were also removed in this connection.

Routine spraying against fly infestation during the months April to September was undertaken for Bristol University Veterinary College and similar precautions were taken at the public abattoir where the lairs manure heaps were treated with insecticide powder and the walls of the slaughter hall and gut rooms were sprayed.

Complaints of odours and fly infestation arose from the banks of two streams at Knowle and Shirehampton and were dealt with by spraying with a deodorant and an insecticide. A minor "plague" of garden beetles, appearing after grass cutting, on a playing field at Barton Hill was also dealt with by spraying.

A number of void sites in the City, which had been used illegally by itinerant caravan dwellers, had to be sprayed with disinfectant and insecticide after the caravans had been moved on by the police. Disinfection and disinfestation of cabins and sickbays was carried out on a number of occasions for vessels docking at the Avonmouth and Bristol docks and requests from the police for disinfestation of cells and blankets were also dealt with.

The calls on the soiled linen service continue to increase and during the year four vans and crews spent almost the whole of each Monday, Wednesday and Friday morning of each week on this service while one van and crew is also engaged on Tuesday and Thursday mornings of each week.

The total number of patients now using this service is 524, of whom 318 were new cases accepted during the year; 241 cases were deleted from the list. 1,068 sheets and 318 bed gowns are supplied direct to district health visitors for immediate issue to patients as required and a further 2,230 sheets and 686 bed gowns were supplied direct to patients by the disinfecting station at the request of health visitors. The vans made 13,839 visits and 36,596 articles were disinfected and laundered.

Articles for laundering such as blankets, sheets, etc. are collected also from the ambulance stations, Devon House, Marlborough House and the Spastic Centre, taken to Bush House Training Centre and returned each week.

A number of the clinics and a few private dwellings are visited daily to collect dirty surgical dressings which are then destroyed in the disinfecting station incinerator. Placentae are frequently collected from various parts of the City and destroyed at the disinfecting station.

The bathing of verminous persons previously carried out at the disinfecting station was transferred to the Central Health Clinic as from 1st April 1965. Table No. 39 refers to the work of the section.

TABLE 1

## PROSECUTIONS AND COURT APPEARANCES

<i>Enactment</i>	<i>Contraventions</i>	<i>Result</i>
Housing Act, 1957 Section 78	Permitting overcrowding	Dismissed — not proven
Public Health Act, 1936	General defects	Case withdrawn work completed
Food and Drugs Act, 1955 Section 2	Chewing gum in cake	Fine £10 plus £2 2s. costs
Public Health Act, 1936	Daily penalties for failure to comply with Court Order	Fine £100 plus £5 5s. costs
Food Hygiene Regulations, 1960	Various contraventions Regulations 16(3) (4); 23(1); 24; 9.	Each defendant fined £5 on each of 6 counts. Total £30 each (2 defendants)
Food and Drugs Act, 1955 Section 2	Wire in loaf	Fine £15 plus £2 2s. costs
Housing Act, 1957 Section 20	Appeal against Closing Order	Adjourned to enable Judge to visit property
Housing Act, 1957 Section 20	Appeal against Closing Order	Adjourned to enable owner to submit further proposals
Public Health Act, 1936	Non compliance with Court Order	Adjourned sine die
Clean Air Act, 1956	Causing black smoke (car breaker's yard)	Order made prohibiting further nuisance. Costs £5 5s.
Housing Act, 1957 Section 20	Appeal against Closing Order	Closing Order confirmed
Housing Act, 1957 Section 170	Failure to supply information	Fine £3
Housing Act, 1957 Section 170	Failure to supply information	Adjourned sine die
Food and Drugs Act, 1955	Foreign bodies in luncheon meat	Fine 20 guineas on each of two counts plus £5 5s. costs
Food and Drugs Act, 1955	Supplying unfit meat to two schools	Fine £21 on each of two counts plus £5 5s. costs
Food Hygiene Regulations, 1960	Dirty van. No head covering when delivering meat. Dirty overalls. Hands and fingernails dirty.	Fine £5 on one count, £3 on each of the other two counts Dirty van case not taken
Food Hygiene Regulations, 1960 Regulations 8 (b)	Foodstuff exposed on forecourt at less than 18"	Fine £5 plus £2 2s. costs
Housing Act, 1957 Section 27	Contravention of a Closing Order	Fine £2
Pet Animals Act, 1951	Contravening conditions of licence	Fine £25 plus £2 2s. costs



TABLE 1—contd.

PROSECUTIONS AND COURT APPEARANCES

<i>Enactment</i>	<i>Contraventions</i>	<i>Result</i>
Public Health Act, 1936	Leaky roof, defective ceiling	28 day Order made
Public Health Act, 1936	General defects	Case withdrawn; work completed
Public Health Act, 1936	Dirty conditions and rubbish in basement	Case withdrawn; work completed
Public Health Act, 1936	General defects	Case withdrawn; work completed
Public Health Act, 1936	Leaky roof	Case withdrawn; work completed
Food and Drugs Act, 1955 Section 2	Portions of cigarette in Banbury bun	Fine £20 plus £3 3s. costs
Clean Air Act, 1956	Emission of black smoke, ship in dock	Master fined £5 Owners fined £10 Costs £2 2s.
Food and Drugs Act, 1955 Section 2	Screw in pasty	Fine £20 plus £2 2s. costs
Shops Acts, 1950	<div> <div>Failing to close on twelve occasions. Failing to keep records of young persons' hours</div> <div>Failing to provide hot running water. Failing to provide first aid box or cupboard</div> <div>Failing to Register (O.S.R. 1)</div> <div>Failing to exhibit abstract (O.S.R. 9)</div> </div>	<div> <div>Fine £97 plus £5 5s.</div> <div>Advocate's fees, £7 19s. 8d.</div> <div>witnesses' expenses</div> </div>
Offices, Shops and Railway Premises Act, 1963		
Section 10		
Section 24		
Section 49		
Section 50		
Public Health Act, 1936 Section 93	Defective floorboards, plaster and roof	28 day Order made
Public Health Act, 1936 Section 93	Damp condition of walls to back room	Order made to abate nuisance forthwith
Food and Drugs Act, 1955 Section 2	Mouldy bread	Fine £30 plus £3 3s. costs
Milk and Dairies Regulations Section 27	Dirty milk bottle (referred by C.P.H.I. Bath)	Fine £50 plus £5 5s. costs
Food and Drugs Act, 1955 Section 2	Mouldy faggots	Fine £10
Food and Drugs Act, 1955 Section 2	Mouldy bread	Fine 30 guineas plus 10 guineas costs. Ordered to pay witnesses' fees £2 10s.
Public Health Act, 1936	General defects	Adjourned sine die

# SANITATION, HOUSING, SHOPS ACTS, etc.

## TABLE 2

### PUBLIC HEALTH INSPECTIONS

						<i>Visits</i>	<i>1965 Revisits</i>	<i>Total</i>
Complaints and enquiries received ... ..	...	...	...	...	...	—	—	4,124
Recommendations for housing accommodation ... ..	...	...	...	...	...	235	3,527	3,762
<i>Visits:—</i>								
Dwelling houses ... ..	...	...	...	...	...	4,976	12,062	17,033
Houses let in lodgings ... ..	...	...	...	...	...	112	372	484
Food shops — registrable ... ..	...	...	...	...	...	149	234	383
Food shops — non-registrable ... ..	...	...	...	...	...	1,397	1,421	2,818
Other shops ... ..	...	...	...	...	...	225	553	778
Bakehouses ... ..	...	...	...	...	...	7	40	47
Workplaces and offices ... ..	...	...	...	...	...	101	177	278
Building sites ... ..	...	...	...	...	...	300	843	1,143
Factories — non-mechanical ... ..	...	...	...	...	...	78	60	138
Factories — mechanical ... ..	...	...	...	...	...	401	742	1,143
Outworkers ... ..	...	...	...	...	...	39	24	63
Aged and infirm persons ... ..	...	...	...	...	...	10	17	27
Offensive trades ... ..	...	...	...	...	...	7	18	25
Entertainment places ... ..	...	...	...	...	...	26	78	104
Tents, vans and sheds ... ..	...	...	...	...	...	36	114	150
Food inspection ... ..	...	...	...	...	...	629	570	1,199
Sites ... ..	...	...	...	...	...	255	766	1,021
Institutions and hospitals ... ..	...	...	...	...	...	54	73	127
All other matters ... ..	...	...	...	...	...	2,952	2,782	5,734
Infectious disease visits ... ..	...	...	...	...	...	11	—	11
<i>Clean Air Act:—</i>								
Smoke observations ... ..	...	...	...	...	...	88	411	499
Smoke control areas ... ..	...	...	...	...	...	199	1,134	1,253
New chimneys ... ..	...	...	...	...	...	—	—	—
New furnaces and fireplaces ... ..	...	...	...	...	...	—	—	—
GRAND TOTAL ...								33,323

	<i>Informal</i>				<i>Statutory</i>			
	<i>B/F</i>	<i>Served</i>	<i>Com- plied</i>	<i>C/F</i>	<i>B/F</i>	<i>Served</i>	<i>Com- plied</i>	<i>C/F</i>
<i>Notices:—</i>								
Dwelling houses (P.H.) ... ..	47	291	263	75	4	105	106	3
Houses let in lodgings ... ..	10	16	4	22	7	5	—	12
Food shops — registrable ... ..	5	5	1	9	—	—	—	—
Food shops — non-registrable ... ..	5	49	30	24	—	3	2	1
Other shops ... ..	1	5	5	1	—	—	—	—
Bakehouses ... ..	—	1	—	1	—	—	—	—
Building sites ... ..	4	—	2	2	—	—	—	—
Factories — non-mechanical ... ..	1	—	—	1	—	—	—	—
Factories — mechanical ... ..	2	3	—	5	—	—	—	—
Smoke observation ... ..	19	15	9	25	1	—	—	1
All other matters ... ..	1	—	—	1	4	—	—	4
Workplaces and offices ... ..	4	5	—	9	—	—	—	—
Total ... ..	99	390	314	175	16	113	108	21

# TABLE 3

## REMEDIAL ACTION

<i>Drainage Works:—</i>						1965
New drains laid	...	...	...	...	...	17
Drains repaired	...	...	...	...	...	191
Choked drains cleared	...	...	...	...	...	1,248
Tests made	...	...	...	...	...	33
<i>Sanitary Conveniences:—</i>						
Flushing appliances introduced	...	...	...	...	...	14
Additional closets fitted	...	...	...	...	...	12
Separate closets for sexes provided	...	...	...	...	...	2
New pans fitted	...	...	...	...	...	15
Action re bathroom and geyser vent	...	...	...	...	...	1
Urinals fitted	...	...	...	...	...	41
Other works	...	...	...	...	...	22
Intervening vent space provided	...	...	...	...	...	14
Cesspools abolished	...	...	...	...	...	9
<i>Water Supplies:—</i>						
New and additional installations	...	...	...	...	...	10
Hot water installed	...	...	...	...	...	9
<i>Other Sanitary Fittings:—</i>						
New sinks fitted	...	...	...	...	...	8
Additional sinks provided	...	...	...	...	...	1
Wash basins provided	...	...	...	...	...	9
<i>Other Works:—</i>						
Roofs repaired	...	...	...	...	...	131
Dampness remedied	...	...	...	...	...	197
Other new and repair works	...	...	...	...	...	299
Yards paved and drained	...	...	...	...	...	22
Houses cleansed—dirty	...	...	...	...	...	43
—verminous	...	...	...	...	...	102
Food store installed	...	...	...	...	...	3
Lighting improved	...	...	...	...	...	15
Ventilation improved	...	...	...	...	...	10
Heating provided	...	...	...	...	...	9
Overcrowding abated	...	...	...	...	...	—
Exhumations	...	...	...	...	...	—
<i>Aged and Infirm:—</i>						
Removals—voluntary	...	...	...	...	...	—
—court order	...	...	...	...	...	6
<i>Smoke Observations:—</i>						
Infringements dealt with	...	...	...	...	...	33
<i>Other Nuisances:—</i>						
Dealt with	...	...	...	...	...	805
<i>Food Hygiene Regulations:—</i>						
Personal requirements	...	...	...	...	...	75
Washing facilities	...	...	...	...	...	8
Sanitary conveniences	...	...	...	...	...	38
Other matters	...	...	...	...	...	11



TABLE 4

## SUMMARY OF TOTAL FOOD CONDEMNED

			<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Cans</i>
Meat and Offal	...	...	95	0	2	2	—
Meat (canned)	...	...	9	10	2	13	8,803
Fish	...	...	3	10	3	12	—
Fish (canned)	...	...	—	17	3	3	1,898
Poultry	...	...	—	13	1	12	—
Fruit and vegetables	...	...	11	4	1	21	—
Fruit and vegetables (canned)	...	...	16	3	3	12	29,326
Fruit (dried)	...	...	—	7	—	8	—
Other foods	...	...	10	15	3	23	5,397
Total	...	...	148	4	1	22	45,424

TABLE 5

## FACTORIES ACT, 1961

## Prescribed Particulars on the Administration of the Factories Act, 1961

## PART 1 OF THE ACT

## 1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
(1)	(2)	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
		(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	104	138	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,352	1,143	15	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	46	194	—	—
Total	1,502	1,475	18	—

## 2. Cases in which defects were found

<i>Particulars</i>	<i>Number of cases in which defects were found</i>				<i>No of cases in which prosecutions were instituted</i>
(1)	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	(6)
	(2)	(3)	(4)	(5)	
Want of cleanliness (S.1.)	9	8	1	3	—
Overcrowding (S.2.)	1	1	—	—	—
Unreasonable temperature (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4.)	15	6	—	4	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary Conveniences:— (S.7.)					
(a) Insufficient	14	15	—	—	—
(b) Unsuitable or defective	9	6	—	1	—
(c) Not separate for sexes	4	4	—	—	—
Other offences against the Act (not including offences relating to Outwork)	16	12	3	6	—
Total	68	52	4	14	—

**TABLE 6**

**FACTORIES ACT, 1961**

**Part VIII of the Act**

**OUTWORK**

**(Sections 133 and 134)**

<i>Nature of Work</i>	<i>Section 133</i>			<i>Section 134</i>		
	<i>No. of out-workers in August list required by Section 133 (1) (c)</i> (2)	<i>No. of cases of default in sending lists to the Council</i> (3)	<i>No. of Prosecutions for failure to supply lists</i> (4)	<i>No. of instances of work in unwholesome premises</i> (5)	<i>Notices served</i> (6)	<i>prosecutions</i> (7)
<i>(1)</i>						
Wearing etc., Cleaning and Washing apparel	27	—	—	—	—	—
TOTAL ...	27	—	—	—	—	—

TABLE 7

## HOUSING PROGRESS CHART

	1955 from May	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Houses in Clearance Areas and already covered by operative Clearance Orders or Compulsory Purchase Orders ...	26	11	28	8	23	17	12	2	5	—	—
Pre-war up to 5.5.55	138	—	—	—	—	—	—	—	—	—	—
Post-war up to 5.5.55	73	65	3	4	—	—	—	—	—	—	—
Houses in Clearance Areas for which Clearance Orders or Compulsory Purchase Orders have been submitted to the Minister, but have not yet become operative ...	—	18	6	7	23	2	—	—	—	—	—
Pre-war up to 5.5.55	56	—	—	—	—	—	—	—	—	—	—
Post-war up to 5.5.55	—	—	115	42	35	9	11	6	4	—	6
Number of houses subject to operative Demolition Orders	258	—	—	—	—	—	—	—	—	—	—
Totals ...	26	94	152	61	81	28	23	8	9	—	6
Houses represented — Clearance Areas ...	537	1,215	1,191	371	143	135	412	261	22	27	24
Reported to Committee ...	—	—	—	—	—	—	—	211	146	11	57
Demolition Orders made on individual houses ...	44	32	21	8	23	29	6	4	5	4	8
Certificates of Unfitness — houses owned by Corporation	—	51	189	118	68	84	106	34	8	14	34
Undertakings given by owners to demolish ...	—	14	14	16	9	61	27	20	8	9	10
Unfit houses voluntarily demolished by Corporation and others ...	—	97	36	45	20	31	37	44	67	33	75
Grand Totals ...	607	1,503	1,603	619	344	368	611	582	265	98	214

**TABLE 8**

**REPAIR AND IMPROVEMENT OF DWELLINGS**

<i>Description of Dwellings</i>	<i>No.</i>	<i>Cost of repairs and improvements £</i>	<i>Average cost £</i>
Whole houses ... .. (Subject to Closing Orders)	42	34,440	820
Parts of buildings ... .. (Subject to Closing Orders)	15	8,520	568
Parts of buildings ... .. (Undertakings to Repair)	2	770	385
Totals ...	59	£43,730	—

**TABLE 9**

**HOUSING & SANITATION**

<i>Houses inspected:—</i>	1965
Section 9 ... ..	—
Section 16 ... ..	52
Section 18 ... ..	31
Clearance Areas ... ..	24
For Report to Committee ... ..	159
Multiple occupation ... ..	—
Visits for improvement grants, clearance area inspections, estimated life and other matters ... ..	1,811
All other visits ... ..	3,031
<i>Represented to Committee:—</i>	
Section 9 ... ..	—
Section 16 ... ..	52
Section 18 ... ..	31
Clearance Areas ... ..	24
Reported to Committee as unfit ... ..	57
Reported to Committee — in multiple occupation ... ..	—
<i>Orders made:—</i>	
Demolition Orders — (Section 17, Housing Act, 1957) ... ..	8
Closing Orders — Whole House (Section 17, Housing Act, 1957) ... ..	48
Closing Orders — Whole House (Section 17, SS. 3, Housing Act, 1957) ... ..	—
Closing Orders — Underground Rooms and parts of buildings (Section 18, Housing Act, 1957) ... ..	25
Management Orders (Section 12, Housing Act, 1961) ... ..	—
Direction Orders (Section 19, Housing Act, 1961) ... ..	—
Undertakings not to use — (Section 16, Housing Act, 1957) ... ..	—
Undertakings to demolish — Housing Act, 1957 ... ..	10
<i>Houses repaired:—</i>	
Section 9 — informal ... ..	—
Section 9 — formal ... ..	—
Section 9 — formal by Corporation in default ... ..	—
Undertakings to repair ... ..	—
Undertakings not to use, cancelled after repair ... ..	2
Other repairs ... ..	—
Closing Orders determined after repair—whole building ... ..	41
—part building ... ..	15
Demolition Orders revoked ... ..	1



**TABLE 10**

**RENT ACT, 1957**

Applications for certificates of disrepair ...	...	6
Refusals to issue certificates of disrepair ...	...	—
Certificates of disrepair issued—Full ...	...	2
—Part ...	...	1
Undertakings given by landlords—Accepted ...	...	3
—Refused ...	...	—
Certificates of disrepair cancelled ...	...	3
Certificates as to remedying of defects ...	...	9
Refusal to cancel certificates of disrepair ...	...	1

**TABLE 11**

**PERCENTAGE DIFFERENCE OF ANIMALS SLAUGHTERED AND INSPECTED**

			<i>Abattoir</i>		<i>Percentage Difference</i>		<i>Lairs</i>	
			1964	1965			1965	1964
Cattle ...	...	15,920	13,837	—13·1	—24·5		2,751	3,642
Calves ...	...	1,174	850	—27·6	—50·7		35	71
Sheep ...	...	27,658	26,362	— 4·7	—68·2		16,534	51,987
Pigs ...	...	17,413	19,389	+11·3	— 3·2		4,407	4,554
Goats ...	...	4	6	+50·0	—		2	—
Totals ...	...	62,169	60,444	— 2·8	—60·6		23,729	60,254

**TABLE 12**

**TOTAL NUMBER OF ANIMALS SLAUGHTERED**

			1964	1965	Percentage
Cattle	...	...	19,562	16,588	—15·2
Calves	...	...	1,245	885	—28·9
Sheep	...	...	79,645	42,896	—46·1
Pigs	...	...	21,967	23,796	+ 8·3
Pigs (Bacon Factory)	...	...	15,341	16,359	+ 6·6
Goats	...	...	4	8	+100·0
Totals	...	...	137,764	100,532	—27·0

**TABLE 13**

**TUBERCULOSIS — CARCASSES AND ORGANS REJECTED**

			<i>Number Slaughtered</i>	<i>Totally Rejected</i>	<i>Part Carcase Rejected</i>	<i>Any Organ or Part Rejected</i>	<i>Percentage 1965      1964</i>	
English Cows ...	...	3,621	—	1	2	0·082	0·045	
Irish Cows ...	...	—	—	—	—	—	—	
English Steers and Heifers ...	...	12,358	1 calf	—	2	0·024	0·008	
Irish Steers and Heifers ...	...	609	—	—	1	0·016	0·114	

TABLE 14

## SAMPLES OF MEAT AND OFFAL FROM PET SHOPS

<i>Horse Flesh</i>			<i>Number</i>	<i>Salmonellæ</i>	<i>Percentage</i>
Meat	...	...	62	13	21·0
Liver	...	...	36	3	8·3
Heart	...	...	17	2	11·8
Totals	...	...	115	18	15·7
<i>Knacker Meat</i>					
Meat	...	...	49	11	22·5
Liver	...	...	45	13	28·9
Heart	...	...	22	7	31·8
Kidney	...	...	16	6	37·5
Tongue	...	...	11	2	18·2
Kangaroo meat	...	...	2	1	50·0
Totals	...	...	145	40	27·6
Grand Totals	...	...	260	58	22·3

TABLE 15

## SAMPLES OF MEAT FROM BUTCHERS' SHOPS/MEAT DEPOTS

<i>Origin</i>			<i>Butchers' Shops</i>	<i>Meat Depots</i>	<i>Salmonellæ</i>	<i>Percentage</i>
English	...	...	33	52	1	1·2
Irish	...	...	—	25	1	4·0
Argentine	...	...	—	36	—	—
Uruguay	...	...	—	11	—	—
Minced beef	...	...	30	—	—	—
Veal	...	...	—	20	—	—
Pork	...	...	20	37	—	—
Pork sausage	...	...	1	—	—	—
Beef sausage	...	...	1	—	—	—
Others	...	...	4	—	—	—
Totals	...	...	89	181	2	0·7
Sewer swabs from slaughterhouses	...	...	92	15	15	16·3

TABLE 16

## TYPES OF SALMONELLAE ISOLATED

<i>Salmonellæ</i>	<i>Horseflesh</i>			<i>Knacker Meat</i>					<i>Kangaroo meat</i>	<i>Irish beef</i>	<i>English beef</i>	<i>Sewer swabs</i>
	<i>Meat</i>	<i>Liver</i>	<i>Heart</i>	<i>Meat</i>	<i>Liver</i>	<i>Heart</i>	<i>Kidney</i>	<i>Tongue</i>				
agama	—	—	—	—	—	—	—	—	—	—	—	1
anatum	3	—	—	—	—	—	—	—	—	—	—	2
brandenburg	—	—	—	—	—	—	—	—	—	—	—	5
chester	2	—	—	—	—	—	—	—	—	—	—	—
dublin	1	2	1	1	4	1	—	—	—	1	—	1
einsbuettal	—	—	—	—	—	—	—	—	—	—	—	2
give	—	—	—	—	—	—	—	—	—	—	—	2
good	2	1	—	—	—	—	—	—	—	—	—	—
havana	—	—	1	—	—	—	—	—	—	—	—	—
haelsingberg	1	—	—	—	—	—	—	—	—	—	—	—
heidelberg	—	—	—	—	—	—	—	—	—	—	1	—
infantis	—	—	—	—	—	—	—	—	—	—	—	1
meleagredis	1	—	—	—	—	—	—	—	—	—	—	—
onderstepoort	1	—	—	—	—	—	—	—	—	—	—	—
orion	—	—	—	—	—	—	—	—	1	—	—	—
panama	1	—	—	—	—	—	—	—	—	—	—	—
taksony	1	—	—	—	—	—	—	—	—	—	—	—
typhimurium	—	—	—	7	8	5	5	1	—	—	—	1
var jena	—	—	—	1	1	1	1	1	—	—	—	—
Totals	13	3	2	11	13	7	6	2	1	1	1	15

TABLE 17

## PIG AND POULTRY KEEPERS

<i>Number</i>		<i>Use</i>	<i>Licensed to Boil swill</i>		<i>Visits</i>	
1964	1965		1965	1964	1965	1964
20	20	Keeping pigs only	11	10	—	—
33	32	Keeping pigs and poultry	20	20	—	—
24	23	Keeping poultry only	2	2	—	—
77	75	Totals	33	32	428	179

TABLE 18

SUMMARY OF SAMPLING OF KNACKER MEAT AND OFFAL FROM PET SHOPS  
FOR FIVE YEARS — 1961/65

<i>Year</i>		<i>No. of Samples</i>	<i>Positive Salmonellæ</i>	<i>Percentage</i>
1961	...	92	17	18.5
1962	...	63	6	9.5
1963	...	148	6	4.1
1964	...	136	18	13.2
1965	...	145	40	27.6
Totals	...	584	87	14.9

TABLE 19

## TOTAL NUMBER OF SALMONELLÆ ISOLATED FROM ABOVE SAMPLES

<i>Salmonellæ</i>	<i>Meat</i>	<i>Liver</i>	<i>Heart</i>	<i>Kidney</i>	<i>Tongue</i>	<i>Kangaroo Meat</i>
bovis morbificans	6	1	—	—	—	—
dublin	14	8	2	1	2	—
heidelberg	1	—	—	—	—	—
haelsingberg	1	—	—	—	—	—
meleagredis	2	—	—	—	—	—
montevideo	—	1	—	—	—	—
minnesota	—	—	1	—	—	—
newport	1	—	—	—	—	—
oranienburg	1	—	—	—	—	—
orion	—	—	—	—	—	1
saint paul	1	—	—	—	—	—
thompson	1	—	—	—	—	—
typhimurium	14	8	5	5	1	—
var jena	2	1	1	1	1	—
specie	3	—	—	—	—	—
Totals ... ..	47	19	9	7	4	1

TABLE 20

## COMPARISONS OF ANIMALS SLAUGHTERED

1964					1965			
<i>Hotwells Lairs</i>	<i>Abattoir</i>	<i>Bacon Factories</i>	<i>Totals</i>		<i>Hotwells Lairs</i>	<i>Abattoir</i>	<i>Bacon Factories</i>	<i>Totals</i>
3,642	15,920	—	19,562	Beasts	2,751	13,837	—	16,588
71	1,174	—	1,245	Calves	35	850	—	885
51,987	27,658	—	79,645	Sheep	16,534	26,362	—	42,896
4,554	17,413	15,341	37,308	Pigs	4,407	19,389	16,359	40,155
—	4	—	4	Goats	2	6	—	8
60,254	62,169	15,341	137,764	Totals	23,729	60,444	16,359	100,532

TABLE 21

## VISITS MADE BY MEAT INSPECTORATE

1964	<i>Visits</i>	1965
726	Slaughter houses	694
313	Bacon factories	274
153	Butchers' shops	162
—	Fish markets	—
406	Food preparing premises	403
1,273	Meat markets	1,299
134	School kitchens	413
265	Cold stores	262
111	Pet shops	122
179	Piggeries	428
467	Other premises	490
4,027	Totals	4,547



**TABLE 22**  
**CONDEMNED MEAT AND OFFAL**

					1964				1965			
					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>
Hotwells		Carcases	...	...	2	9	0	18	1	13	3	3
Lairs	...	...	Offal	...	15	11	2	21	9	8	2	3
Public Abattoir	...	Carcases	...	...	10	4	1	3	9	3	3	24
		Offal	...	...	43	8	0	10	46	7	1	9
Bacon Factory	...	Carcases	...	...	3	10	1	13	3	13	2	4
		Offal	...	...	10	6	0	9	14	0	0	2
Meat Depots and		Carcases	...	...	6	17	1	25	5	15	2	2
Cold Stores	...	Offal	...	...	2	10	1	25	3	3	1	27
Totals	...	Carcases	...	...	23	1	1	3	20	6	3	5
		Offal	...	...	71	16	1	9	72	19	1	13

**TABLE 23**  
**OTHER FOODS SURRENDERED AND DESTROYED**

					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>
Canned meat	...	—	7	1	13			
Canned food	...	—	4	2	26			
Poultry	...	...	1	11	1	5		
Miscellaneous	...	—	2	2	14			
Total	...	2	6	0	2			

TABLE 24

CARCASSES CONDEMNED

	Hotwells Lairs				Abattoir				Bacon Factories				Total			
	T.B.		Other Conditions		T.B.		Other Conditions		T.B.		Other Conditions		T.B.		Other Conditions	
	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965	1964	1965
Cows	—	—	6	2	2	—	17	10	—	—	—	—	2	—	23	12
Pt. Carcasses	—	—	2	3	—	1	3	5	—	—	—	—	—	1	5	8
Other } Carcasses	—	—	—	2	—	—	1	3	—	—	—	—	—	—	1	5
Bovines } Pt. Carcasses	—	—	2	1	—	—	2	7	—	—	—	—	—	—	4	8
Calves	—	—	2	5	—	1	14	15	—	—	—	—	—	1	16	20
Pt. Carcasses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	—	—	25	18	—	—	47	130	—	—	—	—	—	—	72	148
Pt. Carcasses	—	—	33	3	—	—	15	13	—	—	—	—	—	—	48	16
Pigs	—	—	11	6	—	—	105	69	—	1	39	35	—	—	155	110
Pt. Carcasses	—	—	24	7	—	—	123	83	—	—	52	132	—	—	199	222
Totals	—	—	44	33	2	1	184	227	—	1	39	35	2	2	267	295
Pt. Carcasses	—	—	61	14	—	1	143	108	—	—	52	132	—	1	256	254
Weight	—	—	4,557	3,462	802	120	18,506	17,271	—	251	6,329	5,357	802	371	29,392	26,090
(in lbs.)	—	—	955	321	—	80	3,571	3,233	—	—	1,553	2,899	—	80	6,079	6,453

TABLE 25

## CARCASSES INSPECTED AND CONDEMNED

	COWS	CATTLE (excluding Cows)	CALVES	SHEEP	PIGS
NUMBER KILLED	Hotwells Lairs Abattoir Bacon Factories	397 3,224	35 850	16,534 26,362	4,407 19,389 16,359
NUMBER INSPECTED	Hotwells Lairs Abattoir Bacon Factories	397 3,224	35 850	16,534 26,362	4,407 19,389 16,359
All diseases except Tuberculosis and C/Bovis	Hotwells Lairs Abattoir Bacon Factories	2 10	5 15	18 130	6 69 35
Whole carcasses condemned	Hotwells Lairs Abattoir Bacon Factories	2 10	5 15	18 130	6 69 35
Carcasses of which some part or organ was condemned	Hotwells Lairs Abattoir Bacon Factories	184 1,757	5 15	1,572 4,771	1,111 4,027 1,728
Percentage of the number inspected affected with disease other than Tuberculosis or C/Bovis	Hotwells Lairs Abattoir Bacon Factories	46.35% 54.49%	14.29% 1.77%	9.51% 18.09%	25.21% 20.77% 10.56%
		53.60%	2.26%	14.78%	17.09%
TUBERCULOSIS ONLY					
Whole carcasses condemned	Hotwells Lairs Abattoir Bacon Factories	— — —	— 1 —	— — —	— 1 —
Carcasses of which some part or organ was condemned	Hotwells Lairs Abattoir Bacon Factories	2 —	— — —	— — —	— — 12
Percentage of number inspected affected with Tuberculosis	Hotwells Lairs Abattoir Bacon Factories	0.062% — —	0.127% — —	— — —	— — 0.073%
		0.055%	0.023%	—	0.030%
CYSTICERCOSIS					
Carcasses of which some part or organ was condemned	Hotwells Lairs Abattoir	1=0.250% 3=0.093%	— —	— —	— —
Carcasses submitted to treatment by refrigeration	Hotwells Lairs Abattoir	1 3	10 8	— —	— —
Generalised and totally condemned	Hotwells Lairs Abattoir	— —	— —	— —	— —

TABLE 26

## SCHEDULE OF WHOLE CARCASSES AND PART CARCASSES CONDEMNED INDICATING DISEASE OR CONDITION

Disease or condition	Cows		Steers and Heifers		Calves		Sheep		Pigs	
	Carcasses	Part Carcasses	Carcasses	Part Carcasses	Carcasses	Part Carcasses	Carcasses	Part Carcasses	Carcasses	Part Carcasses
Abscess	...	3	2	—	—	—	1	4	12	157
Arthritis	...	—	—	—	—	—	1	—	3	2
Bowel odema	...	—	—	—	—	—	—	—	1	—
Bruising/fractures	...	3	4	—	—	—	4	1	—	19
Cysticercus ovis	...	—	—	—	—	—	1	—	—	—
Emaciation	...	—	—	—	—	—	6	—	—	—
Immaturity	...	—	—	—	3	—	—	—	—	—
Jaundice	...	—	—	—	—	—	1	—	—	—
Joint ill	...	—	—	—	9	—	—	—	—	—
Malignant neoplasms	...	1	—	—	—	—	—	—	1	—
Mastitis acute septic	...	2	—	—	—	—	—	—	—	—
Moribund	...	—	—	—	1	—	2	—	1	—
Oedema	...	4	—	—	—	—	105	—	—	—
Osteomyelitis	...	1	—	—	—	—	—	—	—	—
Pericarditis acute septic	...	—	—	1	—	—	1	—	—	—
Peritonitis acute septic	...	—	—	—	—	—	—	—	5	—
Peritonitis	...	1	—	—	—	—	—	—	—	—
Pleurisy and Peritonitis	...	—	—	—	—	—	6	—	55	—
Pleurisy acute septic	...	—	—	—	—	—	2	—	10	—
Pleurisy	...	—	—	—	—	—	—	11	—	44
Pneumonia acute septic	...	—	—	1	—	—	1	—	—	—
Pregnancy toxæmia	...	—	—	—	—	—	6	—	—	—
Presternal calcification	...	—	—	1	—	—	—	—	—	—
Pyæmia	...	—	—	—	—	—	1	—	7	—
Pyelonephritis	...	1	—	—	—	—	—	—	1	—
Septicæmia	...	2	—	3	—	—	8	—	10	—
Swine Erysipelas	...	—	—	—	—	—	—	—	1	—
Uraemia	...	2	—	—	—	—	2	—	3	—
White Scour	...	—	—	—	2	—	—	—	—	—
TOTALS	12	8	5	8	20	—	148	16	110	222
Tuberculosis	—	1	—	—	1	—	—	—	1	—
GRAND TOTAL	12	9	5	8	21	—	148	16	111	222
Cysticercus Bovis	...	4	18	—	—	—	—	—	—	—



TABLE 27

## FOOD HYGIENE (GENERAL) REGULATIONS 1960

(Summary of food premises subject to the Regulations grouped in categories of trade carried on in them)

<i>Trade</i>	<i>Number of Premises</i>	<i>Premises fitted to comply with Reg. 16</i>	<i>Premises to which Reg. 19 applies</i>	<i>Premises fitted to comply with Reg. 19</i>
Restaurants and cafes ...	287	287	287	287
Public houses ...	579	579	579	579
Hotels — boarding houses ...	108	108	108	108
Clubs — places of entertainment ...	46	46	46	46
Fried fish shops ...	105	105	105	105
Wet fish shops ...	65	65	65	65
Grocers ...	868	868	868	868
Greengrocers ...	254	254	254	254
Supermarkets ...	74	74	74	74
Factory canteens ...	135	135	135	135
Wholesale food premises ...	107	107	—	—
Chemists ...	149	149	149	149
School canteens ...	107	107	107	107
Flour and sugar confectionery ...	618	618	618	387
Bakers ...	42	42	42	42
Butchers ...	240	240	240	240
Dairies (processing) ...	12	12	12	12
Ice cream manufacturers ...	10	10	10	10
Meat products manufacturers ...	28	28	28	28
Other manufacturers (shell fish etc.) ...	19	19	19	19

## NOTE

Due to staff difficulties it has not been possible to bring up to date and maintain the lists of food premises subject to Regulation 19, and in particular give accurately those premises which have been fitted to comply with the Regulation; however a new and accurate list is in course of preparation and this should enable the details required to be produced.

**TABLE 28**

**SAMPLES SUBMITTED TO THE PUBLIC ANALYST**

						1965	
						<i>Samples</i>	<i>Unsatisfactory</i>
Milk	...	...	...	...	...	624	13
Ice cream	...	...	...	...	...	115	—
Other foods	...	...	...	...	...	1,537	4
Medicines and drugs	...	...	...	...	...	296	6
Rag flock	...	...	...	...	...	44	—
Fertilizers and feeding stuffs	...	...	...	...	...	79	7
Water—Baths	...	...	...	...	...	110	7
Others	...	...	...	...	...	54	1
Pharmacy and poisons	...	...	...	...	...	86	—
Miscellaneous	...	...	...	...	...	120	23
Totals						3,065	61

**TABLE 29**

**SAMPLES SUBMITTED TO THE BACTERIOLOGICAL LABORATORY**

						<i>Samples</i>	<i>Unsatisfactory</i>
MILK—T.B. exam.	...	...	...	...	...	39	—
Pasteurised	...	...	...	...	...	311	1
Sterilized	...	...	...	...	...	21	—
Untreated	...	...	...	...	...	172	18
Schools	...	...	...	...	...	103	5
Plant tests	...	...	...	...	...	117	4
Churn and bottle tests	...	...	...	...	...	664	202
Shellfish	...	...	...	...	...	59	27
Water	...	...	...	...	...	45	4
Ice cream	...	...	...	...	...	129	35
Miscellaneous	...	...	...	...	...	70	—
Totals						1,730	293

**TABLE 30**

**SUMMARY OF BIOLOGICAL EXAMINATIONS OF MILK FOR BRUCELLOSIS AND TUBERCULOSIS**

<i>Year</i>	<i>Number of samples found to be infected with</i>				
	<i>Brucellosis</i>		<i>Tuberculosis</i>		
1961	17 from	8 producers			nil
1962	2	2	2	2	„
1963	9	5	5	5	„
1964	3	2	2	2	„
1965		nil			„

**TABLE 31**  
**REGISTRATIONS**

<i>Under Section 16, Food &amp; Drugs Act, 1955</i>						1965
The manufacture of ice cream ...	...	...	...	...	...	13
The storage and sale of ice cream ...	...	...	...	...	...	1,541
The preparation or manufacture of sausages or potted, pressed, pickled or preserved foods ...	...	...	...	...	...	307
<i>Under the Milk &amp; Dairies Regulations, 1959</i>						
Dairies ...	...	...	...	...	...	61
Distributors ...	...	...	...	...	...	536
<i>Under the Rag Flock &amp; Other Filling Materials Act, 1951</i>						
Registered to use filling materials ...	...	...	...	...	...	17
Licensed to store rag flock ...	...	...	...	...	...	3
<i>Under the Pharmacy &amp; Poisons Act, 1933</i>						
Listed sellers of Part II poisons ...	...	...	...	...	...	358

**TABLE 32**  
**QUINQUENNIAL LICENCES ISSUED UNDER THE MILK  
(SPECIAL DESIGNATION) REGULATIONS, 1963**

			1961-65 as at 31.12.64	1966-70 as at 31.12.65
To process pasteurised milk ...	...	...	11	9
To sell pasteurised milk ...	...	...	547	438
To process sterilised milk ...	...	...	1	1
To sell sterilised milk ...	...	...	631	472
To sell untreated milk ...	...	...	16	8

**TABLE 33**  
**VISITS TO PREMISES (EXCLUDING SAMPLING)**

<i>VISITS—Inspection or Enquiry</i>						1965
Butchers' shops ...	...	...	...	...	...	535
Dairies ...	...	...	...	...	...	81
Other food premises ...	...	...	...	...	...	337
Ice cream premises ...	...	...	...	...	...	87
Pharmacy and poisons ...	...	...	...	...	...	374
Rag flock premises ...	...	...	...	...	...	21
Injurious weeds ...	...	...	...	...	...	7
Infectious disease (except food poisoning) ...	...	...	...	...	...	55
Dysentery ...	...	...	...	...	...	912
Food poisoning ...	...	...	...	...	...	391
Other visits (unclassified) ...	...	...	...	...	...	759
<i>Food Inspection</i>						
Butchers' shops ...	...	...	...	...	...	16
Fish shops and market ...	...	...	...	...	...	1,819
Other food premises ...	...	...	...	...	...	79
Other premises ...	...	...	...	...	...	135
Total ...					...	5,608

*Food condemned and surrendered (all types)*

6 tons 19 cwts. 3 qrs. 18½ lbs.

TABLE 34

## REMEDIAL ACTION

Premises	—	Altered and repaired ...	...	...	20
		decorated and cleansed	...	...	33
		hot water provided to basin/sink	...	...	1
		heating provided	...	...	2
		other defects remedied	...	...	21
Drainage	—	chokages cleared	...	...	1
W.C.'s.	—	new pans provided	...	...	—
		lighting provided	...	...	1
		other repairs	...	...	4
Other nuisances abated		...	...	...	25

## NOTES RESPECTING TABLE 35

## Notes :

- The table comprises
- (a) complaints received direct from the public
  - (b) complaints received from other authorities
  - (c) defects, irregularities etc. noted as a result of routine sampling by the Inspectorate.

Foreign Bodies — “*Personal Items*”

Included under this heading are items of a personal nature which can be deemed to have entered the foodstuff as a result of inadequate personal hygiene and comprise chewing gum, cigarette end, aspirin tablet, bandage, finger dressing, button, match, hair etc.

“*Building Materials*”

Foreign bodies entered under this heading include stone, sand, cement, electric wire insulation and paint. These complaints are attributable to building or repair work being carried out at the place of manufacture or to misuse of such items as bottles followed by inadequate cleansing or rejection.

“*Transit and Packing Materials*”

Such items as string, thread, sacking, packing case wood, paper and cardboard are included, all being connected with either the transit and packing of the finished product or of some ingredient thereof.

“*Not True Foreign Bodies*”

This heading includes items which are of the nature of the product but are not of the quality or substance normally demanded. Examples include gristle, blood clot, cheek lining, hide, prawn eggs, bone etc.



TABLE 35

## COMPLAINTS INVESTIGATED

## FOREIGN BODIES

Commodity	FOREIGN BODIES										Incorrect labelling/ Misrepresentation	Abnormal smell/taste/ colour	Others	GRAND TOTALS
	Glass	Metal	Insects	Personal Items	Building Materials	Transit/ Packing Materials	Others	Not true Foreign Bodies	TOTAL FOREIGN BODIES	Mould etc.	Dirt etc.			
General foods ...	2	4	14	1	3	4	—	9	37	15	—	25	2	81
General canned foods ...	3	1	10	—	—	1	—	—	15	5	—	8	—	28
Drinks (inc. ice cream)	—	—	5	—	—	—	1	—	6	1	2	9	—	18
Milk ...	5	2	4	—	4	1	—	1	17	—	15	3	1	36
Bread ...	1	7	5	3	5	2	1	10	34	9	7	3	—	53
Confectionery (excl. meat products)	—	3	4	2	—	—	—	2	11	8	2	5	—	26
Meat and meat products	—	5	7	1	1	2	—	4	20	16	—	28	2	74
Canned meats ...	1	1	2	—	—	—	—	4	8	18	—	22	1	49
Fertilisers and feeding stuffs	—	—	—	—	—	—	—	—	—	—	—	—	—	14
Others --- pharmacy and poisons, medicines and drugs, rag flock, etc. ...	—	—	2	—	—	—	—	—	2	—	1	1	2	8
TOTALS	12	23	53	7	13	10	2	30	150	72	27	104	8	387

TABLE 36

## SMOKE CONTROL AREAS TO DATE

SMOKE CONTROL ORDERS	CLASS OF BUILDINGS				Total	Acreage of Area	Date		
	Domestic	Commercial	Industrial	Other			Order Made	Order Confirmed	Order in Operation
No. 1 ...	315	1,053	109	33	1,510	220	9.12.58	24.3.59	1.10.59
No. 2 ...	113	79	34	12	238	50	24. 5.60	9.9.60	1. 9.61
No. 3 ...	438	582	18	39	1,077	100	24. 5.60	9.9.60	1. 9.61
No. 4 ...	632	113	12	10	767	100	24. 5.60	9.9.60	1. 9.61
No. 5 ...	27	15	1	5	48	15	24. 5.60	9.9.60	1. 9.61
No. 6 ...	10,625	149	27	31	10,832	3,000	13. 9.60	11.5.61	1. 9.62
No. 7 ...	3,523	81	5	24	3,633	1,580	11.12.62	16.7.63	1.10.64

**TABLE 37**

**OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963**

		1965
Number of premises registered during the year ...	...	1,721
Total number of registered premises at the end of the year		6,582
Number of registered premises receiving an inspection during the year ...	...	1,770
<i>Number of persons employed :—</i>		
Offices ...	...	31,001
Retail shops ...	...	18,063
Wholesale departments, warehouses		5,039
Catering establishments open to the public ...	...	4,169
Canteens ...	...	592
Fuel storage depots ...	...	91
	Total	58,955
Accidents reported to the Local Authority ...	...	149

**SHOPS ACTS 1950/65**

		1965
<i>Visits</i>	Retail ...	4,560
	Wholesale ...	105
<i>Revisits</i>	Retail ...	348
	Wholesale ...	—
<i>Infringements</i>	Failure to exhibit notices ...	796
	Closing hours ...	24
	Sunday Employment ...	18
	Half Holiday ...	18
	Hours of Young Persons ...	11
	Meal Intervals ...	37
	Seats for female assistants ...	3
<i>Verbal Warnings</i>	...	907
<i>Warning Letters</i>	...	4
<i>Legal Proceedings</i>	Summonses ...	15
	(in respect of) Cases ...	1
<i>SECTION 38 —</i>	Assistants' facilities improved ...	1

**SUNDAY ENTERTAINMENTS ACT — CINEMAS**

		1965
<i>Visits</i> ...	...	20
<i>Revisits</i> ...	...	3
<i>Infringements</i>	Holidays ...	1
	Records ...	2
<i>Verbal Warnings</i>	...	2

**YOUNG PERSONS (EMPLOYMENT) ACT, 1938**

		1965
<i>Visits</i> ...	...	38
<i>Revisits</i> ...	...	1
<i>Infringements</i>	Notices ...	—
	Sunday Employment ...	1
	Half holiday ...	—
	Hours ...	—
	Meal Intervals ...	1
	Night Employment ...	1
<i>Verbal Warnings</i>	...	4
<i>Time Worked outside of Office Hours and Observation Patrols by Shops Inspectors :—</i>		
	Hrs.	Mins.
Evenings ...	66	55
Sundays ...	3	45
Wednesdays (p.m.) ...	115	25

# TABLE 38

## RAT DESTRUCTION AND DISINFESTATION

Total number of complaints received during the year:—

Rats	...	...	...	...	...	...	2,122
Mice	...	...	...	...	...	...	419

Complaints not finally dealt with by 31st December, 1964:—

Total	...	2,630
-------	-----	-------

Analysis of above complaints:—

<i>Analysis of above complaints:—</i>				<i>Business Premises</i>	<i>Dwelling Houses</i>	<i>Local Authority Premises</i>	<i>Total</i>
No action required following inspection ...				43	255	11	309
Cleared by department ... ..				524	1,289	334	2,147
Cleared by occupier ... ..				18	75	3	96
Not finally dealt with (carry forward to 1966) ... ..				18	50	10	78
Totals ...				603	1,669	358	2,630

Visits and revisits for all purposes:—

In respect of notifications under Part 1, Sec. 2			
Prevention of Damage by Pests Act, 1949	...	...	10,875

Routine inspections:—

Ship Inspections — Avonmouth (visits and revisits)	...	1,247
Avonmouth Dock	...	1,919
Portishead Dock	...	197
City Docks	...	697
City Airport	...	29
River/canal bank	}	3,448
Waste ground, vacant sites, etc.		
Business premises (building sites, etc.)	...	1,013
Wasp nest destruction	...	1,542
Miscellaneous visits	...	2,210
Sewer treatment programme	...	24,347
Total	...	47,524

# TABLE 39

## DISINFECTION

Disinfections, Drain Tests, etc.

Premises disinfected and disinfested	...	14,130
Articles disinfected	...	45,705
Articles disinfested	...	2,038
Articles destroyed	...	3,091
Vermin repression — Spraying (visits)	...	405
Cleansing of verminous persons (baths)		
Total to 31st March 1965	...	26
Scabies baths (6 patients)	...	12
Disinfections for hospitals and nursing homes	...	92
Disinfecting jobs outside the Bristol area	...	70
Public library books collected and disinfected	...	10
Private library books collected and disinfected	...	Nil
Foodstuffs, etc., collected and destroyed — No. of cans	67,259	
Other foodstuffs (lbs.)	...	27,202
Premises visited	...	564
Drain tests	...	28
Soiled linen service visits	...	13,839
Soiled linen service (articles collected, laundered and returned)	...	36,596
Other work (visits or journeys unclassified)	...	6,411
Total vehicle mileage for all purposes	...	41,400



# THE REPORT OF THE SCIENTIFIC ADVISER AND OFFICIAL AGRICULTURAL ANALYST FOR THE CITY AND COUNTY OF BRISTOL FOR THE YEAR 1965

(Incorporating the work on behalf of the County of Gloucester and the City of Gloucester)

E. G. Whittle, B.Sc. (London), F.R.I.C.

## Introduction

This report is the sixth since the return of the department to full Corporation control in 1960 and my nineteenth since appointment as Public Analyst in 1947. The overall number of examinations was 11,559 including 1,693 smoke recordings. The "true" sampling figure is thus 9,866 which compares with 10,974 (1964), 9,784 (1963) and 10,314 (1962). It had been anticipated that 1965 might have been the busiest of years but short staff and illness in the City's food inspectorate caused a considerable drop in their sampling activities. Other sampling was well maintained by other authorities and the various Corporation departments. Indeed, Gloucester County provided over 300 additional samples, half of them milks, whilst Gloucester City almost doubled their quota with particular increases in food and drug sampling.

Whilst 1964 was largely a year of planning for future developments, 1965 saw the fruition of some, if not all, of our immediate plans and ideas. The first stage of our pesticides problem, the purchase of the gas chromatograph, was completed in September when the instrument arrived after protracted negotiations with the Board of Trade over possible import duty. Mr. Peter Nicholas was appointed in November to assist Mr. Dickes with the development work and after numerous minor troubles we were in the position at the end of the year to ask our three authorities to initiate a sampling programme for the examination, in the first instance, of fresh fruit for pesticides. Each of our authorities have expressed great interest in the work and have agreed to co-operate in the programme to provide the Ministry's Toxic Substances Committee with information on pesticide levels in foodstuffs. A minimum of 40 samples per annum, four on each of ten food categories, has been suggested and this means that the department is committed to at least 120 examinations and should, all being well, provide considerably more information as the work develops. The 1966-67 expenditure should allow us to proceed with the second stage of our programme, that is the acquisition of the infra red spectrograph.

The second major development has been the negotiation for the acquisition of the fourth floor at Canynge Hall, made possible by the rehousing of the Department of Pathology and Bacteriology in the new Medical School of the University. This has proved a long drawn out operation and whilst we have acquired most of the accommodation, some of the rooms are still occupied by the Public Health Laboratory Service, which is also to remain in Canynge Hall. We have attempted to keep alterations to an absolute minimum, but some work has been imperative, notably the raising of benches from the sitting to standing working heights. It is an interesting point that a standing working bench height these days is at three feet and this reflects the general all round increase in the nation's height during the last 50 years or so. Most of our staff are certainly five feet nine inches and over.

In the take-over of rooms we have so far managed to set up the library, the gas chromatography section, the beginning of the laboratory for trace metal work,

the section dealing with antibiotics in milk, and a staff room, which is particularly appreciated after the cramped conditions formerly tolerated. Early in the New Year the spectrographic section will be moved into its allocated room with adjoining dark room and the new optics room should also be set up fairly early in the year. A room taken over as a store has been a particular blessing in helping to tidy up our stores and remove a lot of glassware previously stored on top of cupboards in the corridor of Floor 2. This certainly pleases me and should have the blessing of the Fire Department who can never have been really happy with Canynge Hall clutter in the event of a fire.

Several staff changes have again taken place. Mr. P. Nicholas was appointed in November to assist with gas chromatography work and he is already showing a keen and lively interest in what is, for the laboratory, a completely new field. Mr. N. H. Holden was appointed as a senior analytical assistant in February and has shown considerable enthusiasm and ability with general food and drug problems. Miss J. Rawlings and Miss V. Marsh were both appointed as junior analytical assistants in September, one to take the place of A. R. Le Couteur, promoted on attaining his Higher National, and who is proving particularly useful with work on antibiotics in milk; the other to replace D. Morgan, who has taken up a post as laboratory steward under the Education Authority.

Two other staff changes came as something of a bombshell to the department. First Mrs. Budd left to take up another appointment. Mrs. Budd has been with us since November 1952, having given 13 years of valuable service as a laboratory attendant. As far as Mrs. Budd was concerned such a title inadequately describes her duties. She was a mother and friend to all and besides keeping the laboratories as clean as Canynge Hall conditions allowed, she also prepared the tea for the morning and afternoon breaks. We shall all miss her very much, but wish her well in her new job.

The second shock was the resignation of my secretary, Mrs. Iris Moore, who had joined the department in 1954. Mrs. Moore had given me invaluable help in the running of the department and had been largely responsible for the smooth day-to-day working of the office services and all that it meant in reporting, reception of samples and many other jobs which in the early days she dealt with single handed. As the work grew, an assistant secretary was appointed and Mrs. Moore was again of great help in initiating three successive holders of this post into the complexities of the departmental work. Not only was she a cheerful and efficient secretary, she also became a sort of unofficial confidant, certainly to junior staff, and I am sure she gave them some very sound and worthwhile advice on their problems. She was indeed a good friend to us all and we shall miss her very much. We were fortunate in replacing Mrs. Moore very promptly and we welcomed Miss M. Evans to the department in early November. She has settled in rapidly and is already one of the family.

I take this opportunity of thanking a very conscientious and enthusiastic staff for all their help during the year. I would also thank the Chairmen and members of the Scientific and Ancillary Services Sub-Committee of the City and of the Weights and Measures Committee of the County for their continued interest and help. Last and by no means least my thanks are due to the inspectors of the authorities whom we serve. Their help, tolerance and ready co-operation has done so much to make the job worthwhile.

SUMMARY OF SAMPLES EXAMINED DURING THE YEAR ENDED 31st DECEMBER, 1965,  
FOR THE CITY AND COUNTY OF BRISTOL, THE COUNTY OF GLOUCESTER AND  
THE CITY OF GLOUCESTER

	Bristol	Gloucester County	Gloucester City
Milk ... ..	624	1,127	21
Food and drugs ... ..	1,943	866	155
Waters, swimming baths and effluents ... ..	241	181	—
Fertilisers and feeding stuffs — City ... ..	79	263	19
Avonmouth ... ..	234	—	—
Miscellaneous ... ..	588	218	23
Port Health — City ... ..	202	—	—
Avonmouth ... ..	668	—	—
	4,579	2,655	218
Rag Flock Act ... ..	44	—	—
District Health Inspectors' samples ... ..	19	—	—
Pharmacy and Poisons Act ... ..	86	8	—
Atmospheric pollution:—			
Lead peroxide ... ..	53	36	12
Deposit gauges ... ..	66	36	12
Smoke recordings:—			
City ... ..	454	—	—
Port Authority ... ..	582	—	—
Miscellaneous ... ..	1,111	—	—
Spectrophotometric analyses ... ..	821	98	13
Chlorination ... ..	401	195	10
	3,687	373	47
Totals ... ..	8,266	3,028	265

Grand Total 11,559

## FOOD AND DRUGS ACT

## NEW LEGISLATION. REPORTS AND RECOMMENDATIONS

This has been an intensely busy year for some very important legislation and reports affecting fundamentally important foods such as canned meats, sausages, meat pies, butter, margarine, meat and fish pasties and many other foods.

In February the Minister wrote of difficulties concerning the mineral oil in food due to operate from 15th February. The absorption intensity figure at 0.4 was questioned, together with difficulties in carrying out the test specified, notably in the amount of sample involved. The later difficulty makes the Regulations quite unworkable at retail sales levels.

The Dried Milk Regulations 1965 appeared in March to become immediately operative. The principal changes from earlier legislation on dried milk concerned the prescription of minimum and maximum fat contents for the six categories of dried milk. Dried skimmed milk fat was reduced to 1.5 per cent and dried low fat skimmed milk is an alternative description and a maximum moisture figure of 5 per cent is prescribed for all dried milk.

The Food Additives and Contaminants Committee issued a supplementary report on antioxidants. Investigations are continuing on B.H.T., a permitted antioxidant which was somewhat suspect. B.H.T. is a more efficient antioxidant than



B.H.A. and pending further work the Committee suggests halving the present level of B.H.T. additions. Comment was also made on the permissibility of antioxidants in partial glycerol esters.

A long overdue and most important set of proposals appeared in May relating to meat pies, sausage and other meat products, and canned meats. The analytical aspects of these proposals are summarised in the following comments:—

(a) Meat pies, pudding, pasty or Forfar Bridie.

- (1) Not less than 25 per cent of meat, or
  - (2) 3 oz. pie not less than  $\frac{5}{8}$  oz. meat,
  - (3) 4 oz. pie not less than  $\frac{7}{8}$  oz. meat,
  - (4)  $5\frac{1}{2}$  oz. pie not less than 1 oz. meat,
  - (5)  $1\frac{1}{2}$  oz. pie or less exempt,
  - (6) Meat pies sold retail and “uncooked” 20 per cent meat,
  - (7) Scottish pies not less than 20 per cent meat,
  - (8) Meat and vegetable pies not less than  $12\frac{1}{2}$  per cent meat;
- together with labelling and advertising provisions. To operate nine months after the date of making of the regulations.

(b) Sausages and other meat products.

Sausages defined as mixture of meat and cereal and/or soya in a sausage shape and will include chipolatas, Frankfurters, salami, black puddings, faggots and polonies.

- (1) Sausage and sausage meat not less than 50 per cent.
  - (2) Pork sausage, black pudding, polony, liver sausage, breakfast sausage or luncheon sausage not less than 65 per cent meat.
  - (3) Any sausage, “not canned” described as Frankfurter, Vienna sausage or salami not less than 80 per cent meat.
  - (4) Any sausage “canned” described as Frankfurter, Vienna sausage or salami not less than 65 per cent.
  - (5) Meat with jelly not less than 80 per cent.
  - (6) Meat with cereal including luncheon meat not less than 80 per cent, except meat with cereal described as meat loaf, meat roll or x loaf or x roll not less than 65 per cent.
  - (7) Meat roll with stuffing, etc. not less than 50 per cent.
  - (8) Any other meat product not less than 35 per cent;
- labelling and advertising provisions included. To operate nine months after the day of making.

(c) Canned meats.

- (1) Corned meats—wholly meat.
- (2) Other canned meat not less than 95 per cent except:—
  - (i) Minced or chopped meat
  - (ii) Cured meatto have not less than 90 per cent.
- (3) Canned meat in jelly not less than 80 per cent.
- (4) Canned meat with gravy or canned meat with sauce not less than 70 per cent.
- (5) Canned meat with cereal not less than 80 per cent, except meat roll and meat loaf not less than 65 per cent.
- (6) Meat roll or loaf with stuffing not less than 50 per cent.



(7) Any other canned meat not less than 35 per cent.

Labelling and advertising provisions are included and the standards will operate 12 months after the date of making of regulations.

Upon these all-important proposals I would add the following observations:—

1. The Association of Public Analysts have been pressing for control of the composition of these foods and welcome the outcome of many years of patient plodding and negotiation to secure better control over some of the major items of the nation's diet.
2. Particularly welcome is the re-imposition of standards for sausages following the years since revocation. I would have liked to have seen both standards up by 10 per cent to 60 per cent for beef and 75 per cent for pork—the latter having always tended to be the quality article.
3. Canned meat products have long required a better measure of compositional control. It is to be regretted that we are back to only seven categories of the original 15 of the first food standards report on the subject in 1962. Successful resistance by the Association of Public Analysts has resulted in the raising of the minimum figure of 25 per cent meat to 35 per cent and we would have preferred canned meat with gravy or sauce at 80 per cent meat instead of the present proposal of 70 per cent.
4. The luncheon meat standard at 80 per cent follows the code of practice agreed by the trade and the Association of Public Analysts. It was negotiated primarily, of course, for the home market but it is interesting to note that Danish and Dutch authorities in particular have also accepted this level of meat content.
5. The proposals are a valuable step in the right direction, which I hope will be used to build upon for the protection of the public.

The Poisons Rules 1965—The major amendments to the 1964 Rules are the prohibition on the sale or supply of monofluoroacetic acid, fluoroacetamide and fluoroacetanilide; the exemption of oxydemeton-methyl in certain aerosol preparations used in horticulture; the stricter control of phencyclidine and ergot, and the less strict control of chloral hydrate for external applications. Certain changes are made in the labelling of medicines with anti-histamine substances.

The increasing importance and number of food additives caused the Ministry to publish a memorandum in June on the procedure for submissions on food additives and the methods of toxicity testing. This is intended as a guide to commercial and other organisations concerned with additives. The Food Additives and Contaminants Committee was set up in 1964 to advise the Minister with particular reference to Sections 4, 5 and 7 of the Food and Drugs Act. The Pharmacology Sub-Committee (formerly Panel) was reconstituted in 1965 and its terms of reference are to advise the Food Additive Committee on medical nutritional and toxicological aspects of the problems. The testing of additives is to include composition, toxicity, acute toxicity, short term studies preferably with non-rodent species, long term studies including carcinogenicity, metabolic and assessment of toxicity data.

In July the Ministry published proposals for the revision of the Colouring Matter in Food Regulations of 1957, following upon a report issued in 1964. Six colours are recommended for deletion from the 1st Schedule and there is one addition. The recommended exclusions are Ponceau 8X, Ponceau 3R, Naphthol

Yellow, Yellow RFS, Yellow RY and Blue VRS. The colour for inclusion is Black 7984, for which a specification is given. The permitted list of other colours includes Beta-apo 8, Carotenal and Canthaxanthin now permitted as food colours.

The Rag Flock and Other Filling Materials Regulations 1965 came into operation in August with revision of some fees and a revised list of prescribed analysts and a technical alteration to the process of testing for cleanliness of woollen flock.

In August the Food Standards Committee published a report on flavouring agents. This was a comprehensive document giving methods of control, notably U.S.A., Canada and the Federal German Republic. Natural flavourings, were listed as spices, herbs, and natural seasonings, essential oils, natural extractives and distillates, and foods and other beverages used to impart flavour to foods. Acids, acetals, alcohols, aldehydes, ethers, ketals, ketones, lactones and miscellaneous compounds were listed, together with the most important group of esters and finally salts, buffers and neutralizing agents. So complex was the problem that the Committee was only able to recommend that in time they would be in favour of the adoption of a prohibited list of flavouring agents and in the meantime recommended that the following 16 substances should be prohibited by regulations from use in foods:—

Coumarin, Tonka Bean, Safrole, Sassafras oil, Dihydro safrole, Iso safrole, Agaric acid, nitrobenzene, Dulcamara, Penny Royal oil, oil of tansy, Rue oil, Birch Tar oil, Cade oil, Volatile Bitter Almond oil and Male Fern.

This selection was largely based on their pharmacological properties and in some cases evidence of probable toxicity. The Committee would recommend a review of all flavouring materials again in five years' time but would consider any toxicological evidence on these substances as it becomes available.

In September proposals were made to revoke the Food Standards (Salad Cream and Mayonnaise) Order 1945. These proposals did not produce any remarkable changes and appear largely to be a re-enactment of earlier legislation.

Following upon the supplementary report on antioxidants earlier in the year, the Ministry published in September proposals for revised regulations implementing earlier ideas on halving the BHT permissible amounts, permitting the use of antioxidants in partial glycerol esters, permitting the use of ethoxyquin for use on apples and pears. A specification for ethoxyquin is given. Diphenylamine is likewise proposed for use on apples and pears. Its use is being considered by the Food Additives Committee in the light of possible toxicity.

Late September saw the publication of proposals for regulations on labelling of food which will be followed by a second report on claims and misleading descriptions. This complex set of proposals has been thoroughly vetted by several organisations, not least the Association of Public Analysts, who have made very detailed comments for submission to the Food Standards Division. It is very difficult to summarise the import of the proposals, but four schedules are included, giving lists of exempted foods and the extent of exemption; common names of fish and varieties of apples, pears, plums and potatoes and types of meat; a third schedule deals with labelling and size of lettering and the fourth schedule with fish names, including salmon and fresh water fish.

The Labelling of Food Regulations has always presented problems of interpretation and I find myself very much inclined to agree with Dr. J. G. Davis's comments at a symposium on food additives held in Coventry in early April 1965.

He felt we were in danger of strangling ourselves with the complexities of this legislation and I would certainly agree with this observation and would make a plea for some simplification along the lines of the Canadian approach to the problem embodied in a Code of Trade as a guide to manufacturers and advertisers. The six point code issued by the Canadian Food and Drug Directorate is as follows:—

- (a) Serve the public with honest values;
- (b) Tell the truth about what is offered;
- (c) Tell the truth in a forthright manner so that its significance may be understood by the trusting, as well as the analytical;
- (d) Tell the customers what they want to know—what they have a right to know, about what is offered, so that they may buy wisely and obtain the maximum satisfaction from their purchases;
- (e) Be prepared and willing to make good, as promised, and without any quibble, any guarantee offered; and
- (f) Be sure that the normal use of the merchandise or services offered will not be hazardous to public health or life.

Such a code conscientiously and faithfully followed could do so much to simplify our legislation.

Also in September proposals were made for regulations on coffee, coffee mixtures and coffee extracts, again a tidying up and re-enactment for the most part of earlier legislation. An important inclusion relates to decaffeinated coffee which must have less than 0·1 per cent of caffeine by weight, whilst any extract or essence must have less than 1 per cent caffeine by weight of the coffee solids present.

Butter and margarine proposals were made in September. Again this was a tidying up process. The moisture maximum is retained as 16 per cent with a minimum fat content of at least 80 per cent. Butter must also contain not less than 2 per cent by weight of milk solids not fat. In the case of margarine not more than 1/10th of the total fat shall be derived from milk and also vitamin A and D additions are re-enacted.

In November proposals were published for regulations for ice cream. Here are the principal changes:—

- (i) A definition of ice cream is added to the regulations.
- (ii) The obligation to include the words “contains non-milk fat” or “contains vegetable fat” is extended to non prepacked ice cream.

The report on fish and meat paste recommends compositional standards and complements the recommendation on these products made by the Committee on Food Labelling. The main recommendations of the report are:—

- (i) The minimum meat content of meat pastes should be raised from 55 per cent to 70 per cent i.e. to the same level as the minimum for fish pastes.
- (ii) Compositional and labelling requirements are specified for potted meat and fish, dressed crab, spreads, pastes, meat products with jelly and such meat and fish products with butter.
- (iii) There should be a limit to the amount of fat to be reckoned as meat or fish.

#### **FOOD AND DRUGS ACT 1955**

The adulteration rate for the year for the City only was: ordinary milks nil, Channel Island milks 23·0 per cent, other foods 0·73 per cent, drugs 1·98 per cent



and all foods 1.36 per cent. The average composition of 551 ordinary milks was 3.58 per cent fat and 8.87 solids not fat. For the 55 Channel Island milks the average figures were 4.34 per cent fat and 9.20 solids not fat.

Eighteen food and drugs samples were returned as adulterated and these included sausages, flour, ice cream powder, liquid egg, blackcurrant drink, tincture of iodine and four ammoniated quinine preparations.

Comment was made on a variety of other foods and drugs including liqueur chocolates, sausage rolls and a number of West Indian and Pakistan foods.

A survey of some 163 canned meat products indicated a reasonably general compliance with the proposals put forward by the Food Standards Committee of the Ministry and the subsequent draft proposals by the Ministry itself. 17 samples were, however, designated as of poor quality, i.e. 10 per cent of all the samples, whilst a further 13 were starred as border line, being one or two per cent short of the proposed figure in the nominated categories.

## FERTILISERS AND FEEDING STUFFS

Sixty-two fertilisers and 15 feeding stuffs were submitted by the City inspectors and of these 19 received comment for irregularities. 234 feeding stuffs were examined for the Port inspector and of these 17 required comment.

## WATER AND SEWAGE ANALYSES

241 samples were examined and these included regular samples from City supplies at Canynge Hall, Jubilee Road and Frenchay Hospital, together with samples from ships in port. Other examinations included control of the Council House heating system, together with streams, seepage and sewage effluents and 122 routine swimming bath checks. The range of variation of the company's present sources of supply to the various areas of the City are of considerable interest.

### Bristol Waterworks Supply

	<i>Tap at Canynge Hall</i>	<i>Tap at Jubilee Road</i>	<i>Tap at Frenchay Hospital</i>
Number of samples ...	26	12	8
	<i>Range of variation (Parts per million)</i>		
Total solids ...	253-341	210-310	291-386
Chlorine as chloride ...	14-17	17-21	17-46
Nitrate nitrogen ...	0.43-2.10	0.30-1.90	1.51-3.96
Total hardness ...	210-270	132-254	200-254
Permanent hardness ...	44-65	44-67	55-110

As was anticipated and despite the transfer of sewage chlorination duties to the City Engineer's Department in 1964, the field officer has been fully occupied throughout the year. Indeed on occasions there has quite literally been a mailing list for advice and assistance on technical problems, particularly within the County.

Despite a poor weather season the supervision of children's paddling pools and school swimming baths has been fully maintained, although with slightly less demand on time.

The County authorities continued to absorb much of the field officer's time in travelling to the particular area before any advice or analytical control can be



given. Among the more important investigations were enquires into the breakdown of sludge digestion at a municipal sewage works; the assessment of the cause of failures of fibreglass linings in two school swimming pools and a number of visits to tidy up existing trade effluent agreements. The latter work involved an extended search for such toxic metals as zinc, chromium, nickel and also cyanides.

The acquisition of the gas chromatograph late in the year gave another fillip to the field officer's activities and general utility. Nitrogen gas lines had to be set up and a variety of other problems involving much workshop practice again emphasised the tremendous value of a practical engineer—indeed, two engineers—for this was an equally happy field for Mr. Dembrey's ingenuity in mechanical problems. We are happy at the moment in having a very good lathe loaned by Mr. Dembrey, but it is becoming increasingly obvious that a first class new lathe will shortly be a necessity and will certainly earn its keep in the preparation of spares and various adaptations to the gas chromatograph.

### **RAG FLOCK ACT**

Forty-four samples were submitted informally and were examined microscopically and hence as required for chloride by the 1913 Regulations. One sample only was just in excess of requirements.

Reference has already been made to the 1965 Rag Flock and Other Filling Materials Regulations in "New Legislation. Reports and Recommendations" at the beginning of this report.

### **PHARMACY AND POISONS ACT**

Eighty-six specimens were examined critically for labelling details and also for active constituents. These specimens were mainly for general or household use and a few comments on the more interesting of these articles is appended.

A hardener consisted of 32 per cent of formic acid with a glue. Classified as an adhesive it is exempt from control otherwise exercised on formic acid preparation.

Some silver pellets consisted of mercuric thiocyanate for use in a similar manner to the "novelty pig" referred to in the 1964 Report. Once again I must deplore the indiscriminate sale of Part I poisons for use as novelties and in fancy goods.

Several descaling preparations based on phosphoric acid were examined. It is of interest to note that phosphoric acid of 50 per cent strength or more is now controlled, as has been the case of formic preparations for some years.

A number of shampoos were shown to consist of water soluble acidic and aromatic dyes, but with no evidence of diamines.

Various spray preparations for garden and domestic use against ants, weeds, etc., contained DDT, BHC and like chemicals not included in the Agricultural (Poisons Substances) Regulations.

A novelty specimen of so-called devil nuts were in fact ordinary hazel nuts with a pepper-like pungency. Whilst probably harmless, it is not very desirable to tamper in this way with foodstuffs.

## MISCELLANEOUS ANALYSES

1.	City of Bristol general examinations	...	...	211
2.	Biochemical and toxicological	...	...	42
3.	Foreign bodies, insects and infestation	...	...	132
4.	Gloucester County	...	...	218
5.	Education	...	...	36
6.	City Engineer	...	...	104
7.	Port of Bristol	...	...	18
8.	City Architect	...	...	1
9.	Housing	...	...	17
10.	City Museum	...	...	1
11.	Port Health Inspectors	...	...	870
12.	Public Health Inspectors	...	...	19
13.	Fire Brigade	...	...	3
14.	Transport and Cleansing	...	...	2
15.	City Crematorium	...	...	1
16.	Gloucester City	...	...	23
17.	University of Bristol	...	...	4
18.	Public Health Laboratory	...	...	1
				<hr/>
				1,703
				<hr/>
	Smoke Recordings (City)	...	...	454
	" " (Port Authority)	...	...	582
	" " (Miscellaneous)	...	...	1,111
				<hr/>
				2,147
				<hr/>

### General Examinations

The 211 specimens included as usual many for laboratory information, together with foodstuffs chosen for some particular investigation. It is possible here to deal with only a few of the more interesting items.

A multicoloured paint taken up in amyl acetate as solvent was not unnaturally, decidedly pungent in odour. Prolonged periods of working in such a vapour could become very nauseating and objectionable.

A milk bottle contained traces of calcium carbide, which can when moistened evolve acetylene, thereby rendering the milk unfit and certainly undrinkable.

A composting material was examined with a view to trying to ascertain whether it could support the breeding of flies. This did not appear very likely.

Mustard seeds, horseradish, onion and mustard, were examined to assess the possibility of the presence of interfering substances, akin to para-hydroxy benzoic acid. This problem resulted in a special paper on the subject submitted by G. J. Dickes to the Association of Public Analysts.

The G.P.O. "dead letter" office requested assistance regarding a packet which when opened was labelled "radioactive" material. There was in fact no evidence of radioactivity. The product was a commercial wax packed in shredded P.V.C. The whole affair was undoubtedly a hoax.

A drum marked as "sulphuric acid" was submitted by the City Police Lost Property Office. It was in fact shown to be arsenic sulphide suspended in dilute hydrochloric acid.

Samples of grapefruit showing a somewhat unusual pink colour. Actually this was the normal colour of a pink fleshed variety of grapefruit from the West Indies and the Sudan.

On two or three occasions during the year bones alleged to be rabbit bones were submitted for examination. In all cases they proved to be genuine chicken

bones and the complaints of substitution of rabbit for chicken could thus not be supported.

A sample of alleged lead-free paint contained 0.24 per cent against the standard of 1.1 per cent maximum in the B.S. Code of Safety Standards.

On a number of occasions pies and similar articles containing onion have been alleged to have peculiar smell and bitter taste and this has generally been considered as due to the accidental incorporation of pieces of diseased onion.

A number of aluminium food containers which had been subjected to normal washing with detergent based preparation, were found to be still visibly greasy and holding food residues, particularly in turned rims. The Welfare Services were advised to consider different and more easily washed containers.

Samples of canned blackberries with from 4 to 9.5 parts per million of lead were rejected and the assignment eventually shipped back to the packers in Holland. No very satisfactory explanation could be found to account for the lead despite lengthy discussion with the packers, who came from Holland to discuss the problem. New season's stocks from the same source were later shown satisfactory.

A number of permanent wave lotions were submitted by the Hairdressing Department of the College of Technology. The department wished to have the approximate composition with a view to preparing their own formulations.

A number of ice cold novelties sold in the City for the Christmas trade were examined for the character of the water used. Several shapes were involved, but notably as pink plastic elephants. These contained what transpired to be Hong Kong water and further bacteriological examination revealed unduly high counts. The Medical Officer of Health was very rightly concerned of possible dangers of such water leaking from the novelties into drinks intended to be cooled. He cautiously mentioned the prevalence of cholera in that part of the world and the press, local and national, really went to town. The local press came out with the banner headline "Medical Officer of Health declares war on pink elephants". American authorities subsequently supported the M.O.H.'s views and the Hong Kong Government stopped the manufacture and export of these novelties. Apart from the considerations of the purity of the water, the whole idea of repeated freezing and handling of these gadgets does seem distinctly unhygienic. Other shapes besides elephants were examined and included plastic spheres and "naked ladies", upon which, I imagine, the Medical Officer of Health would likewise have declared war.

The gas chromatograph set up late in the year, initially for chlorinated pesticides, proved very useful in a problem relating to two samples of paraffin oil. The complaint was that one oil burned with a very smoky flame and it was demonstrated that traces of aromatics in this oil (absent from the other sample) was undoubtedly the cause of the trouble.

#### **Biochemical and Toxicological**

Forty-two specimens, principally bloods and urines, submitted by Regional Hospitals, were examined for lead and other trace metals, including copper, mercury and arsenic.

Three specimens involving mercury in contact with saline and chlorhexide were examined for traces of mercury, possibly passing to the saline solution. Somewhat surprisingly no trace of mercury could be detected.



Finger nails, toe nails and hair specimens from the Royal Hospital, Gloucester, gave no evidence of arsenic, but hair specimens submitted by a local practitioner had excessive arsenic in the hair with only "normal" arsenic in the blood. This suggested external contamination of the hair by arsenical vapours.

#### **Foreign Bodies in Foods, including Infestation and Identification of Insects**

132 specimens were examined and once again the comment must be that this is perhaps the most interesting section of our work and certainly the most surprising, although it ought to be said that with years of experience of "foreign bodies" we really should cease to wonder at the variety of substances which can get into foods.

Among the "foreign bodies" found were:—

Rodent excreta in meat; a centipede in baby food; a sauce with a wasp; mince-meat preserve with fibrous strands of bark; a fruit and walnut cake with fragments of a safety razor blade; a bottle of milk contained a 2 inch safety pin with a protective blue coloured head; a portion of bread contained a small bolt firmly fixed inside the crust; dried apricots infested with red ants; aluminium rivet in a loaf of bread; cornish pasty with a heavy mould growth; a fancy cake contained a short length of stiff wire; a bread roll with remains of a yellow coloured fabric which proved to be the remains of a sack label; beef sausages contained a perforated waterproof finger dressing; and a gateau contained a  $\frac{3}{4}$  inch brass woodscrew.

#### **Work for other Corporation Departments**

This section was well maintained throughout the year. 36 samples for the Education Department were mainly for contract items. 104 samples of soil from the City Engineer's Department were submitted for examination for pH values and sulphate content, together with sludges and effluents which were examined for metals.

Examinations on behalf of the Port of Bristol Authority included regular sampling of the No. 1 Berth, the Tidal Oil Jetty and the Royal Edward Entrance. Other samples from the authority included granulated slag, reclamation and tip materials and a barrier cream.

The Housing Department submitted 17 specimens, 15 soils, some insects and an oil. The City Museum submitted one intriguing sample which was a bottle with a fluid shown to be an iron tonic with herbal extracts. The bottle had been found during excavations from the River Avon at Bath near the site of a fairground during the period 1860 and 1900. It seems possible that this was an unsold or rejected remedy offered by one of the quacks of the era, as a cure-all.

870 samples of a wide variety of goods were submitted from both the City and Avonmouth Docks and a few comments are added on a few of the more interesting:—

A food colour set consisted of four unit colours in plastic containers. These were stated to be U.S. certified colours. With the exception of Brilliant Blue FCF all the colours were in the 1957 British Regulations. My information is that this Blue is not likely to be permitted in any revised lists.

Several samples of plain flour of Canadian origin were examined for chalk additions and in a number of instances the chalk was low and outside the permitted range of the 1962 Regulations. It was later learned from Canada that there had been mechanical failure in the mixing plant.



A number of imported canned meats were examined in the light of Ministry proposals. Six of the 27 failed to match up to the proposed standards.

Sorbic acid was again noted in Californian prunes and I feel that appropriate representations to the Ministry could well lead to a relaxation to permit such addition in this country.

A considerable amount of research work was carried out upon two Canadian products, a hot dog relish and a tomato pickle, both of which appeared on first examination to contain the methyl ester of para hydroxy benzoic acid, which is a preservative allowed in certain foods in this country, but not in pickles and sauces in excess of 250 p.p.m. There appeared to be about 400 to 450 p.p.m. present, but the manufacturers stated that no such preservative was added and an intensive search using thin layer chromatographic techniques revealed that natural ingredients of pickles and sauces, such as mustard, horseradish and onion, all yielded pink to brown colours with Deniges reaction. A frank exchange of views with the Canadian manufacturers resolved a very delicate problem.

Of 12 samples of groundnuts one was found to contain traces of aflatoxin B of the order of 0.5 to 1.0 p.p.m., together with aflatoxin G in the range of 0.1 to 0.3 p.p.m. These amounts are regarded as "high" and "medium" respectively by the Tropical Products Institute. The mould *aspergillus flavus* can attack groundnuts which are damp when harvested from the ground. Any injury to the shell enables the mould to reach the kernel. The secretion of the mould called aflatoxin is remarkably stable. It has been reported that when pure aflatoxin is added with normal diet of laboratory animals tumours are regularly produced in the liver.

The contaminant found in bags of peas and beans was an impure cobalt-oxide with iron and other trace metals. It was recommended that all affected peas and beans be rejected.

In the fourth quarter of the year 45 samples of liquid egg were examined and only one failed the alpha-amylase test.

#### **Public Health Inspectors' samples**

The 19 samples submitted included the following:—

Currants which had suffered sea water damage; luncheon meat samples with a small stone and a portion of coarse brown paper; a sample of gelatinous substance from a drain which proved to be kitchen waste, largely decomposing tea leaves; cabbage leaves showed fungal infections; two deposits contained small amounts of coal dust; slices of ham showed crystals of sodium nitrate—a permitted preservative in canned ham; an insect in canned peaches was shown to be a cricket; a sample of caviar on biscuits had a bright green colour due to a permitted colouring Blue VRS—the amount seemed unnecessarily large and indeed the reason for the addition at all seemed a little obscure. An insect proved to be a woodborer of the family of Scolytidae; a water seepage was found to be contaminated with urine. A number of insects were shown to be mycetophilids or fungus gnats, together with some garden weevils.

The Gloucester County Authority showed considerable interest in farm produced milks with reference to the presence of antibiotics and in June examinations were made on milk samples for the presence of penicillin by the T.T.C. tests. Cows are treated for mastitis with antibiotics principally based on penicillin and a period

of at least 48 hours should elapse after treatment and before the milk of such animals is passed for human consumption. It is Ministry policy, as far as possible, to discourage excessive and undesirable use of antibiotics in this way, but other preparations besides penicillin are available without the need of veterinary advice and prescription. One such preparation is nitrofurantoin in combination with furazolidone. Others such as dihydrostreptomycin and chloramphenicol are relatively insensitive to the T.T.C. test.

Again in the first quarter four samples showed evidence of penicillin ranging from 0.05 to 0.4 international units per millilitre and of the 81 samples tested a further 38 showed varying degrees of inhibition thought to be due perhaps to traces of detergents or even less specific antibiotics.

Finally by the end of the year 477 milks had been tested for antibiotics, of which 21 were positive for penicillin, that is to say 4.4 per cent of all samples. As the work progressed less and less trouble was experienced with other types of inhibition. The range of penicillin found was from 0.03 to 1.0 international units per millilitre. All milks were also tested for chemical composition.

## ATMOSPHERIC POLLUTION

	<i>Bristol</i>	<i>Gloucester County</i>	<i>Gloucester City</i>
Lead peroxide ... ..	53	36	12
Deposit gauges ... ..	66	36	12
Smoke recordings (City) ... ..	454	—	—
„ „ (Port of Bristol Authority) ... ..	582	—	—
„ „ (Two Schools) ... ..	339	—	—
„ „ (Stroud) ... ..	—	292	—
„ „ (Dursley) ... ..	—	163	—
„ „ (Sodbury) ... ..	—	317	—
	<u>1,494</u>	<u>844</u>	<u>24</u>

The first three items listed above involved the laboratory in considerable analytical work, but smoke recordings for the Port of Bristol Authority, Monks Park and Portway Schools, together with the County recordings at Stroud, Dursley and Sodbury, involve only recording and assessment of smoke stains by reflectometer readings for check purposes. Thus of the 2,366 observations on pollution problems, 669 are listed as true samples and the remaining 1,697 simply as “smoke” observations.

There are no marked changes to report in the pattern of measurements within the City, except for observations in relation to a local cement works which began in April with two deposit gauges at Rose Green Road and Deep Pit Road. Heavy depositions were found in these areas. The Rose Green site gave depositions ranging from 8 to 24 tons per month, whilst that at Deep Pit Road was far heavier and ranged from 16 to 86 tons, indicative of a heavy local polluting nuisance.

Other local sites at the Centre, the Zoological Gardens, the Shaftesbury Crusade building and Blaise Castle, are sited as in 1964. Because of negotiations regarding the future of Shaftesbury Crusade after the boys moved out, this site operated for five months only, June to October, and with two casualties in November and December due to breakages by frost damage. The general position regarding deposit figures is that a state of some stability seems to have been established in recent years when one considers the data calculated as necessary to

12 months' observations. Certainly there is a marked improvement in figures at the City Centre and St. Philips.

Rainfall figures were generally a little heavier in 1965 as compared with 1964 and are more in line with 1961 figures.

The Shaftesbury Crusade sulphur figure has nearly doubled and we have to go back to 1957 and before for comparable levels. The Waterworks, Zoo and Blaise Castle levels have improved over 1964 and are more like the 1962 and 1963 levels, although it would appear that there is some general retrogression in sulphur levels.

The Kingswood Survey—The deposition at the Kingswood site shows a significant rise above the 1964 and earlier figures, and the sulphur figures have likewise risen appreciably after three relatively "good" years.

The Avonmouth Survey—The Green Splot site, measuring sulphur pollution only, was operative throughout the year. It represents sulphur pollution in the area of the Chittening Estate to the north-east of the National Smelting works and Fisons Fertilisers and within a mile of the Carbon Black works. There was a marked improvement in the area with the pollution level back to something more like the 1963 level. In such an "open" area high winds could effect some rapid dissipation, although even so the pollution level is certainly no better than general "City Centre" conditions.

The Thornbury Survey—There is a continued improvement in sulphur pollution levels at Walning Farm, but oddly there is a reversal of deposit conditions with Walning Farm showing the higher figure. This state of affairs was last noted in 1960. Surprisingly rainfall figures in the area have been decidedly lower than within the City boundaries.

The Gloucester City Survey—The Technical College site was again operative throughout the year. The lowest deposition was four tons per square mile for August to a maximum of 12 tons in January. The total tonnage was 104 with a monthly average of 8.7 tons. Sulphur pollution has risen and is at the highest recorded level since 1958.

Central Clinic—The deposition figure for the year is 196 tons calculated to the 12 months basis which indicates the highest figure since 1962, although the range of variation from 184 to 196 tons over four years is not wide. Nevertheless this deposition is distinctly heavier than at the City Centre or the St. Philip's area.

## SPECTROSCOPY

The first three quarters of the year were relatively quiet with only average input of samples, but in the last quarter the rate of sampling was as high as any known to the section, with a considerable number of rather exotic, and strange to us at least, West Indian and Pakistani foods including such things as Saag—mustard leaves, karela and hurd—a large fig/plum fruit, green in colour, in a thick syrup.

Canned blackberries were found to contain lead between 4 and 9 p.p.m. Comment has been made elsewhere on these and it suffices here to comment on the very cordial manner in which this problem was resolved with the importers and the packers, whose representatives came from Holland to discuss the implications. The offending batch was withdrawn and new season stocks have proved perfectly satisfactory.



Besides the normal work of metal contaminants in foods, the section deals with such toxicological or biochemical work as required, particularly with lead in blood and urine. Mercury, copper and arsenic have also been sought. The section also deals with antioxidants in foods and of several examined all complied with regulations with one exception where undeclared antioxidant was present.

Work is in hand in preparation for the move of the whole of the section to the 4th floor in Canynge Hall, when it is hoped that it will be much easier to control adventitious metallic contamination.

## OTHER ACTIVITIES

The comments in this section are largely derived from a study of the year's diary, which as usual reveals a surprising amount of work not directly analytical, such as lecturing, Committee work, meetings and attendances at Court.

Twenty-two prosecutions were instituted during the year, mainly relating to foreign bodies in food. All cases succeeded and in many pleas of guilty were entered and hence the analyst's presence was not required. Fines imposed ranged from £10 to £30 with costs of the same order.

Thirty-five lectures were given during the year, mostly by your analyst, but some given by senior members of staff. Such lecturing now follows something of a pattern with more specialised lectures to D.P.H. students and 2nd and 4th year public health inspectors, 4th year veterinary students and 5th year medical students.

Two lectures of particular interest, both of which were well received, were given to a refresher course of public health inspectors at Rodney House in July, on the subject of food additives and a lecture in December to the local section of the Society of Chemical Industry, on the History and Development of the Public Analyst Service in Bristol.

All these lectures indeed have been well received and from the more general talks it has been very apparent that the public has little idea of our work and often say, in fact, that they had no idea such a place existed or that we carried out such comprehensive and detailed examinations affecting the life of the community. All, of course, very gratifying in its compliments and making such lecturing all the more worthwhile.

Late in the year I was asked by the Portsmouth City Council to assist their Committee in the appointment of a public analyst in succession to the late Mr. A. L. Williams. This was something quite without precedent and was certainly a new experience and I hope very much that other authorities might follow the Portsmouth lead when appointing their analysts. Certainly the Portsmouth Committee and Town Clerk were most appreciative of the help given on the technicalities of the appointment and the work involved.

Finally I would thank the Health Committee for permission to attend various meetings of the Association of Public Analysts and London conferences on atmospheric pollution. Contacts and discussions have proved most useful.



# THE WILLIAM BUDD HEALTH CENTRE

## 13th Annual Report, 1965

W. B. Fletcher

F. J. Jones

### Introduction

The William Budd Health Centre was opened in 1952 and whilst the work of the centre proceeded as energetically as ever it was evident in 1965 that major works of repair and improvement to the building would have to be undertaken. The increasing number of visitors who came to Bristol during the year to see our health centre development inevitably drew comparisons between the pioneer health centre and its much newer and much publicised counterpart at St. George.

The Health Committee accordingly authorised the City Valuer to investigate the costs involved in laying out a larger area of tarmac to improve car parking facilities, improving the entrance to the centre and re-laying much of the interior flooring in attractively coloured tiles. The programme to put these works in hand is scheduled to start early in 1966. In addition to this, much of the furniture has been replaced as part of a full-scale renewal programme and we look forward to seeing the very vital work of the centre being carried out in much more attractive surroundings.

### Dental Facilities

For some time we have been very conscious of a growing need to provide better local authority dental facilities in Bristol South, and the Health Committee had accepted a report which recommended, amongst other things, the construction of a self-contained dental department at William Budd Health Centre. The local Dental Committee did not support the provision of general dental services in the Health Centre and accordingly during 1965 work was commenced on a dental department which will serve the priority classes for whom the local authority is responsible—expectant mothers, children under five years and school children. We feel that this will mean a great improvement in dental services in the area, particularly for school children. The premises will be ready for occupation very early in 1966.

### Staffing

Miss A. M. Lark remains Sister-in-charge of the Health Centre. There was a complete change in clinic nurses during the year—three left, three new nurses were appointed.

One of the two clinic secretaries was transferred to another post within the department, and the opportunity was taken to revise the clerical establishment. This is now:—

- 1 Clerical Assistant (in charge of the office)
- 1 Shorthand-Typist/Secretary
- 1 General Division Clerk

During the year it was decided to dispense with the two night porters, who, amongst their other duties, had accepted telephone calls on behalf of the general medical practitioners using the health centre. The doctors themselves agreed to make their own alternative arrangements to deal with their emergency night calls and an automatic telephone answering system, directing callers to ring their own general practitioners, was installed.

Following the consultations which started in 1964, Sunday morning treatment sessions were discontinued.

### **Committees**

The House Committee continued to meet quarterly. It was decided that the office of chairman should be limited to one year, the retiring chairman not being eligible for re-election, and that a vice-chairman be elected who would hold the office of chairman during the following year.

At the annual meeting in April 1965, Dr. E. J. Lace was elected chairman in succession to Dr. J. Sluglett; Dr. H. I. Howard was elected vice-chairman. Dr. Sluglett, whose name is almost synonymous with the term Health Centre, was chairman of the House Committee from its inception in 1952 until 1965. Undoubtedly much of the success of the Health Centre, indeed much of the great interest now being shown in the health centres generally, is due to his untiring enthusiasm.

The Joint Advisory Committee was called during the year to consider the details relating to negotiations for a new lease for the general medical practitioners for the next seven years.

### **Attendances at Surgeries**

It will be seen in Table I that the total attendances at the surgeries in 1965 increased over the previous year. The attendances per 100 patients per annum rose from 315 in 1964 to 335 in 1965, an increase of 6·3 per cent. This increase was noticeable following the abolition of prescription charges.

### **Treatments given at the Centre**

The weekly average of patients (as distinct from treatments) receiving attention in the treatment room in 1965 was almost identical with that of the preceding year (Table II). There were about 146 attendances for treatment in the year for every 100 patients registered. Of the patients seen in the treatment room more than 40 per cent had not been referred direct by their doctor. If one takes into account patients attending the surgeries, together with those attending the treatment room direct, it shows that an average of about four attendances per annum were recorded for each patient registered.

Figures for surgery attendances and for treatments exclude ante-natal and post-natal sessions.

### **Patients Registered at Centre**

There was a slight increase of 1·4 per cent in the number of patients registered at the Health Centre over the previous year. This increase was, however, less than the average increase over the past 10 years.

It will be seen from Table III that the percentage of children under 15 years of age was almost a third of the total patients recorded. The estimated percentage of children of this age in the City, as at the 30th June 1965, was 22 per cent.

At the other end of the scale the number of patients registered aged 65 years and over was only 6·2 per cent, which is about half the proportion recorded in the City at the 1961 census—the latest figure available. It is estimated, of course, that the number of people over 65 years is increasing each year so that the proportion dealt with at the William Budd Health Centre is significantly low.

**TABLE 1**  
**WILLIAM BUDD HEALTH CENTRE**  
**ATTENDANCES AT SURGERIES — JANUARY—DECEMBER, 1965**

	"A"	"B"	<i>PRACTICE</i> "C"	"D"	"E"	TOTAL	A.M.	P.M.
<i>1st Quarter</i>								
Total Attendances	3,990	789	2,647	1,698	1,978	11,102	7,184	3,918
Average per week	307	61	204	131	152	854	553	301
% of total	35.9	7.1	23.8	15.3	17.8	100.0	64.7	35.3
<i>2nd Quarter</i>								
Total Attendances	3,713	812	2,424	1,549	1,841	10,339	6,847	3,492
Average per week	286	62	186	119	142	795	527	267
% of total	35.9	7.9	23.4	15.0	17.8	100.0	66.2	33.8
<i>3rd Quarter</i>								
Total Attendances	3,340	635	2,250	1,588	1,863	9,681	6,333	3,348
Average per week	257	49	173	122	144	745	487	258
% of total	34.5	6.6	23.2	16.4	19.3	100.0	65.4	34.6
<i>4th Quarter</i>								
Total Attendances	3,458	597	2,492	1,813	1,813	10,173	6,807	3,366
Average per week	266	46	192	139	139	783	524	259
% of total	34.0	5.9	24.5	17.8	17.8	100.0	66.9	33.1
Total for Year 1965	14,501	2,833	9,813	6,648	7,500	41,295	27,171	14,124
Average per week	279	54	189	128	144	794	523	272
% of total	35.1	6.9	23.8	16.1	18.2	100.0	65.8	34.2
Total for Year 1964	13,885	2,473	8,944	6,276	6,736	38,314	24,749	13,565
Average per week (53 weeks)	262	47	169	118	127	723	467	256
% of total	36.2	6.5	23.3	16.4	17.6	100.0	64.6	35.4

**TABLE 2**  
**WILLIAM BUDD HEALTH CENTRE**  
**TREATMENTS — 1965**

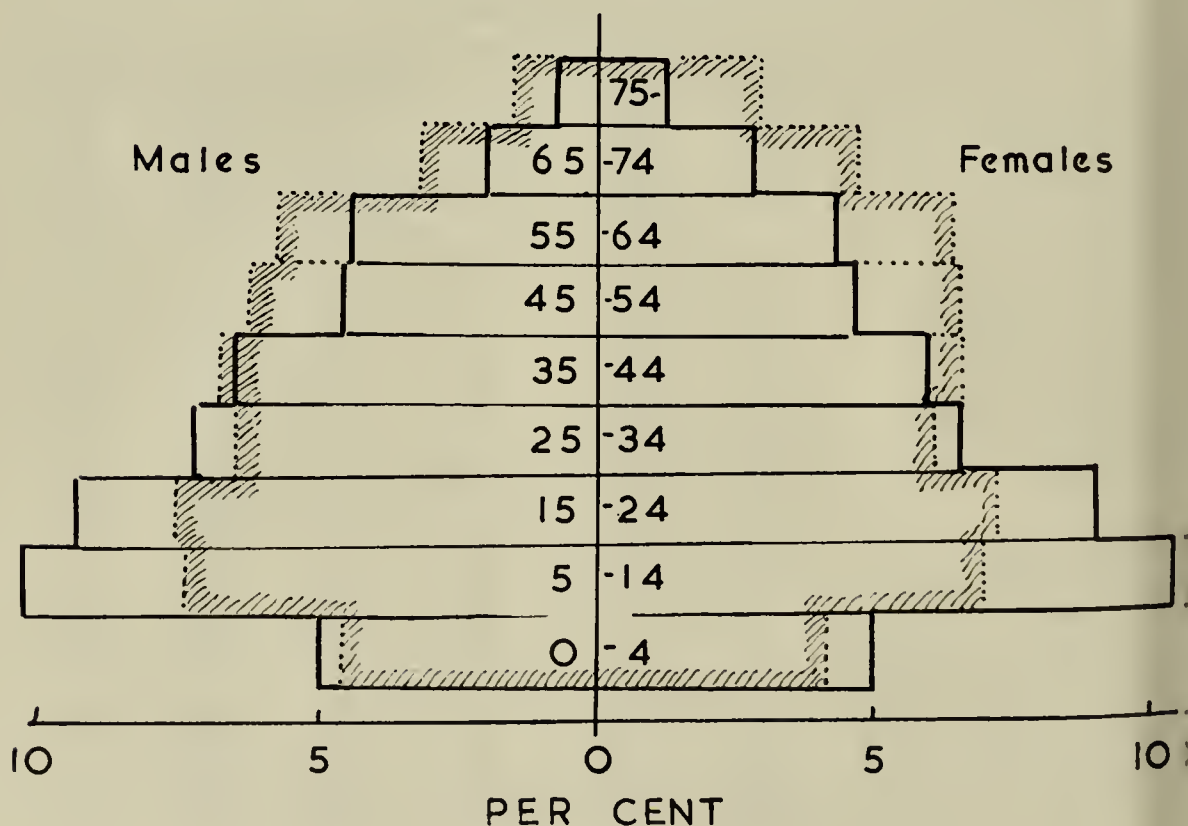
<i>Patients</i>		<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>TOTAL</i>	<i>Weekly Average</i>
Referred by G.P. ...	...	2,538	2,869	2,312	2,295	10,014	193
Not seen by G.P. ...	...	2,062	2,148	2,234	1,577	8,021	154
Total patients ...	...	4,600	5,017	4,546	3,872	18,035	347
% after 5 p.m. ...	...	31%	32%	32%	34%	33%	33%
<i>Treatments</i>							
1. Dressings ...	...	1,600	1,779	1,804	1,278	6,461	124
2. Minor operations ...	...	52	59	51	18	180	3
3. Eye treatment ...	...	45	39	40	30	154	3
4. E.N.T. treatment ...	...	342	357	343	217	1,259	24
5. Chaperone ...	...	410	508	339	313	1,570	30
6. Antibiotics ...	...	614	522	297	282	1,715	33
7. Other injections ...	...	452	498	417	402	1,769	34
8. Cautery ...	...	11	22	13	5	51	1
9. Other ...	...	589	770	737	527	2,623	50
TOTAL ...	...	4,115	4,554	4,041	3,072	15,782	303
<i>Investigations</i>							
A. Haemoglobin ...	...	572	654	431	278	1,935	37
B. E.S.R. ...	...	66	32	22	19	139	3
C. E.C.G. ...	...	41	31	8	14	94	2
D. Urine ...	...	435	535	438	303	1,711	33
<i>Specimens sent to Laboratory</i>							
1. Blood ...	...	54	99	88	63	304	6
2. Ear swabs ...	...	69	35	50	37	191	4
3. N.T. swabs ...	...	15	46	36	37	134	3
4. Urines ...	...	113	128	101	78	420	8
5. Other ...	...	175	184	163	90	612	12

**TABLE 3**  
**THE WILLIAM BUDD HEALTH CENTRE PRACTICE**  
**AGE—SEX CENSUS OF PATIENTS AT 31st DECEMBER, 1965**

Age Groups	PRACTICE					TOTALS		SEX	
	"A"	"B"	"C"	"D"	"E"	No.	%	M	F
0-4	444	48	315	176	244	1,227	10·0	619	608
5-9	526	65	299	158	265	1,313	10·7	672	641
10-14	544	83	281	115	228	1,251	10·2	598	653
15-19	495	74	338	175	223	1,305	10·6	666	639
20-24	328	48	247	121	193	937	7·6	482	455
25-29	305	38	181	142	191	857	7·0	429	428
30-34	326	50	186	124	169	855	6·9	464	391
35-39	313	50	170	104	153	790	6·4	411	379
40-44	282	56	186	88	137	749	6·1	396	353
45-49	214	51	135	65	94	559	4·5	284	275
50-54	229	39	129	87	96	580	4·7	281	299
55-59	206	31	113	107	128	585	4·7	292	293
60-64	154	40	87	92	118	491	4·0	249	242
65-69	135	21	66	55	96	373	3·0	160	213
70-74	69	17	36	36	57	215	1·7	83	132
75-79	36	9	27	30	31	133	1·1	51	82
80-84	28	4	17	11	16	76	0·6	27	49
85-89	10	1	6	4	3	24	0·2	6	18
90+	2	1	2	2	3	10	0·1	3	7
All Ages									
No.	4,646	726	2,821	1,692	2,445	12,330	—	6,173	6,157
%	37·7	5·9	22·9	13·7	19·8	100·0	—	50·1	49·9

### AGE AND SEX DISTRIBUTION

Wm Budd Centre \_\_\_\_\_ England & Wales





# THE ST. GEORGE HEALTH CENTRE

## Second Annual Report

F. J. Jones

W. B. Fletcher

St. George Health Centre, opened in April 1964, has been the object of great interest to all those concerned in the development of health centre practice within the National Health Service, and naturally we have received very many requests for permission to visit the centre. Most visitors are medical officers of health with their committees, executive councils and architects—in other words, those most immediately concerned with the provision of health centres.

### Staffing

Miss A. E. Balsdon remains in charge of the Health Centre. During the year it was decided to reduce the general nursing establishment from three full-time nurses to two full-time nurses, and to make up any further nursing assistance as required by sessional staff.

The opportunity was also taken to review the clerical establishment. This had previously been two secretary/shorthand-typists and one general clerk, and the Establishment Committee approved the recommendation that it should be altered to one senior clerk in charge of the office, one secretary/shorthand-typist and one general clerk. The necessary appointments were made and the new establishment was given a trial. We were, however, not too happy about the results and as the year ended consideration was being given to reverting to the original clerical establishment.

### Committees

The House Committee met quarterly but during the year there was no meeting of the Joint Advisory Committee.

### General

The statistics for the year demonstrate very clearly how much work and what variety of work was done in the Health Centre. Apart from the general medical services provided by the doctors using the Health Centre, the local authority has been responsible for a child welfare clinic, and parentcraft and relaxation classes; a medical social worker holds a weekly session to deal with cases referred to her by the general medical practitioners; the local authority's nutritionist has attended weekly to give advice to selected patients, and a local authority's medical officer has carried on with her work in the geriatric clinic. An attempt was made to start a programme of health education films for special groups. The response to these was not as good as had been anticipated but a further attempt will be made to get this scheme going later on.

During the year Dr. A. B. Plant retired from National Health Service practice and gave up his work in the Health Centre. Dr. Plant was one of the prime movers in establishing the Health Centre and we wish him well in his retirement. He was succeeded by Dr. F. L. Webster.

General

Figures are now available for the first complete calendar year of the health centre's working and information on the age and sex distribution of the patients is shown in Fig. 1. It will be seen that the general picture follows closely that for England and Wales, with a slight excess of elderly females and fewer children than might be expected. This picture is in marked contrast to the William Budd Centre.

AGE AND SEX DISTRIBUTION

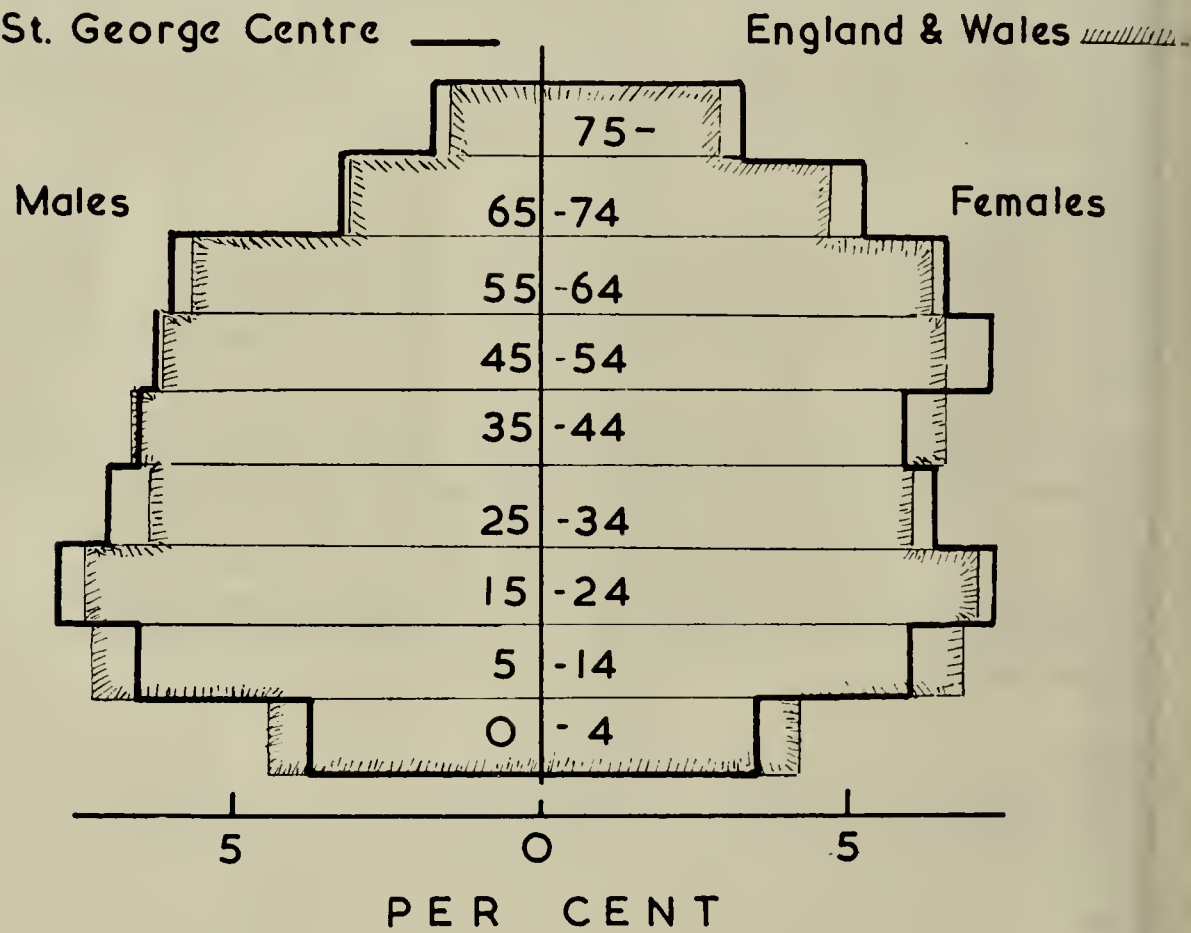


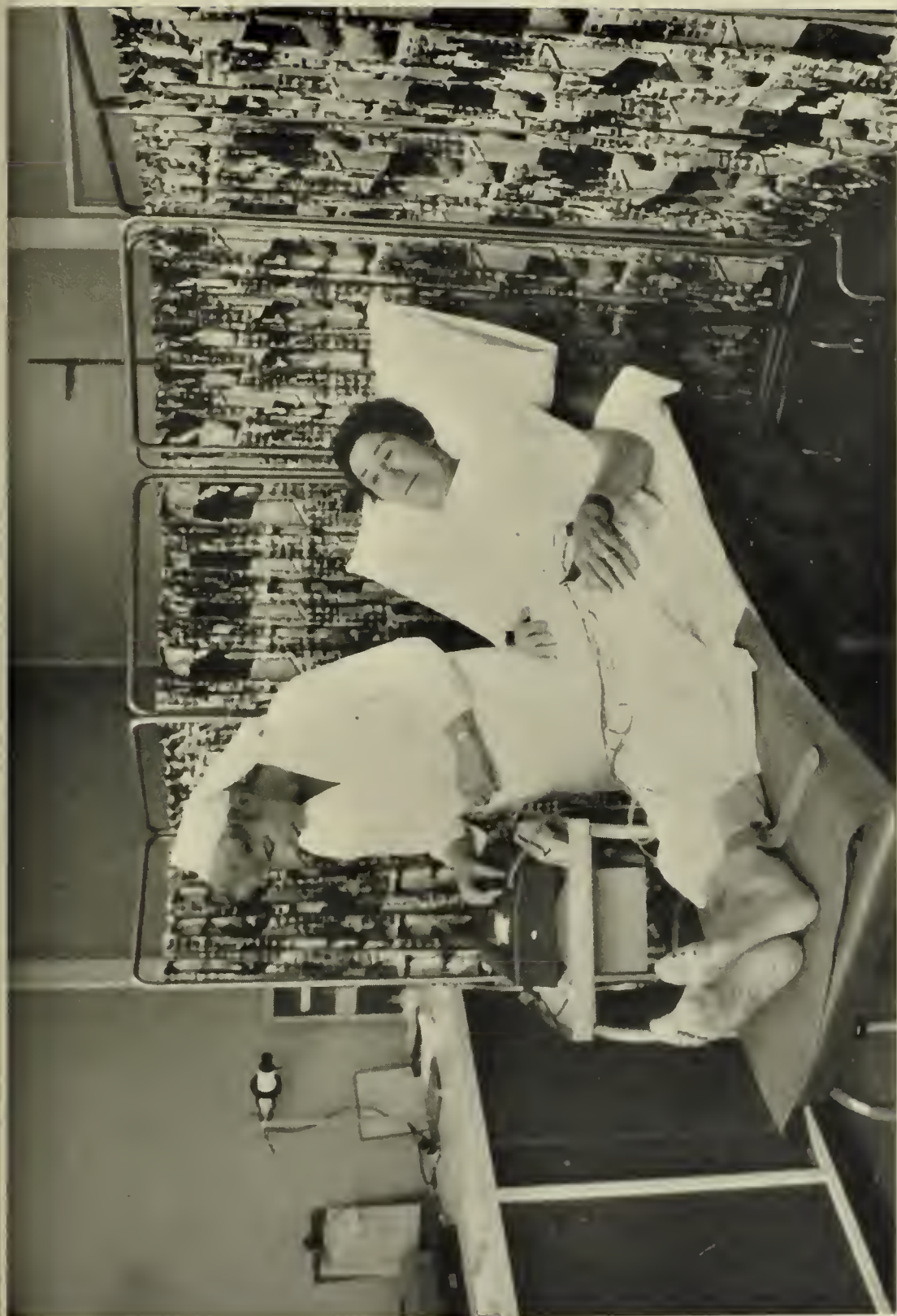
Fig. 1

Within the centre itself, there is a distinct difference in the age/sex composition of the two practices. The smaller practice has a far greater proportion of older persons compared with the other practice in the centre. Actual figures are shown in Fig. 2.

Attendances at surgeries

Attendances at surgeries are shown in Table I. These recorded figures are somewhat below the actual numbers for it has been found that, due to the use of the family folders, a second person is sometimes seen when accompanying another member of the family.

It is not possible to make a direct comparison with the previous year but the figures for the last two quarters of each year show little change. It is pleasing to record that the number of patients attending by appointment has increased. At least three quarters of all patients attending evening surgeries were by appointment.



Electro-Cardiogram at Retirement Clinic, St. George Health Centre





Family folders in Shelf Storage      St. George Health Centre



# ST. GEORGE HEALTH CENTRE

Age and sex distribution 17,543 patients

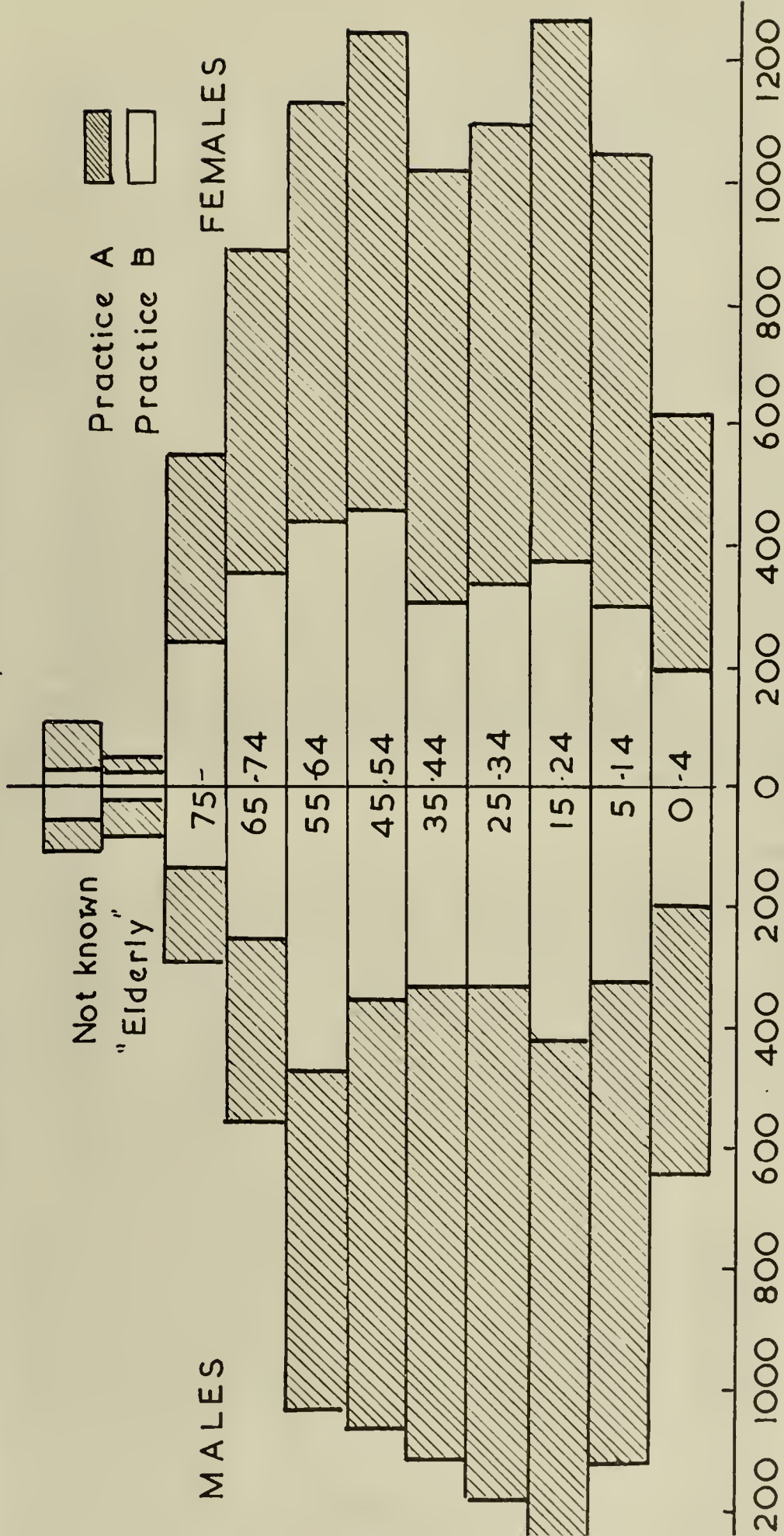


Fig. 2

The appointment system has enabled the work to be spread much more evenly over the various days of the week. This is more noticeable in Practice B where the average daily attendance is well distributed over the various weekdays. All practices find it almost impossible to keep Monday attendances down to other weekday levels but the disparity revealed in Table 2 is much less than might be expected, particularly in the smaller practice.

### **Treatments**

The work in the treatment room shows a marked increase over the previous year. The percentage dealt with after 5 p.m. has declined slightly but is still proportionately greater than the William Budd Centre.

### **Home Visits**

The first full year of recorded home visits shows that for every patient on the list there are almost one and a quarter visits made during the year (see Table 4). The figures for older and younger people, of course, vary enormously. For males under 65 there were 68 visits per 100 patients, whereas for elderly males, the figure rose to 352 per 100 patients. Elderly females required 322 visits per 100 patients whilst for those females under pensionable age the visits incurred were 95.

The doctors in the larger practice averaged 54 home visits per partner per week. The doctors in the smaller practice with comparatively fewer patients, were below this figure but for the whole centre the average home visits each doctor made every week came to 50. This figure does not take into account absence through holidays or sickness.

### **Records**

During the year, the transfer of all records to family folders was completed. The folders have several advantages in that all correspondence can readily be seen, queries about other members of the family can readily be answered on such occasions as home visits, whilst the size of the folders permits of shelf filing.

In addition to being more economical of space and less tiring than pulling open heavy drawers, it has done much to reduce the level of noise in the office—a matter which has frequently been commented upon by the many visitors to the centre.

TABLE 1

ST. GEORGE HEALTH CENTRE  
ATTENDANCES AT SURGERIES — JANUARY—DECEMBER, 1965

	MORNING			EVENING			TOTAL		
	Total Attend- ances	% by appoint- ment	Average no. per Session	Total attend- ances	% by appoint- ment	Average no. per Session	Total attend- ances	% by appoint- ment	Average no. per Session
<i>Practice 'A'</i>									
1st quarter ...	4,946	68	21.2	4,277	77	21.9	9,223	72	21.5
2nd quarter ...	4,331	68	22.2	3,899	76	24.5	8,230	72	23.2
3rd quarter ...	3,786	68	19.9	3,463	81	22.9	7,249	74	21.3
4th quarter ...	4,430	70	21.5	3,595	82	21.4	8,025	75	21.5
Total ...	17,493	69	21.2	15,234	79	22.6	32,727	73	21.9
<i>Practice 'B'</i>									
1st quarter ...	2,561	62	17.9	1,815	72	17.6	4,376	66	17.8
2nd quarter ...	2,307	65	17.2	1,772	75	19.1	4,079	71	18.0
3rd quarter ...	2,219	65	15.7	1,722	78	17.2	3,941	71	16.4
4th quarter ...	2,255	69	16.2	1,623	78	16.7	3,878	72	16.4
Total ...	9,342	65	16.8	6,932	75	17.6	16,274	69	17.1
<i>BOTH PRACTICES</i>									
Total attendances ...	26,835	67	—	22,166	77	—	49,001	72	—
Weekly average ...	516	—	—	426	—	—	942	—	—

TABLE 2

## ATTENDANCES BY DAYS OF WEEK FOR 1965

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %	Total	By appoint- ment No. %
<i>PRACTICE 'A'</i>												
Mornings ...	3,492	2,174 62	3,012	2,067 69	3,451	2,486 72	2,362	1,635 69	2,660	1,924 72	2,516	1,729 69
Evenings ...	3,400	2,615 77	2,909	2,259 78	3,387	2,716 80	2,682	2,128 79	2,856	2,274 80	—	—
Daily Total ...	6,892	4,789 69	5,921	4,326 73	6,838	5,202 76	5,044	3,763 75	5,516	4,198 76	2,516	1,729 69
<i>Weekly Average</i>												
Mornings ...	73	45 62	58	40 69	66	48 73	45	31 69	52	38 73	48	33 69
Evenings ...	71	54 76	57	44 77	65	52 80	52	41 79	57	45 79	—	—
<i>PRACTICE 'B'</i>												
Mornings ...	1,793	1,065 59	1,784	1,214 68	1,747	1,112 64	1,688	1,168 69	1,693	1,231 73	637	297 47
Evenings ...	1,904	1,376 72	1,557	1,200 77	—	—	1,749	1,329 76	1,722	1,318 77	—	—
Daily Total ...	3,697	2,441 66	3,341	2,414 72	1,747	1,112 64	3,437	2,497 73	3,415	2,549 73	637	297 47
<i>Weekly Average</i>												
Mornings ...	37	22 59	34	23 68	34	21 62	32	22 69	33	24 73	12	6 50
Evenings ...	40	29 73	32	25 78	—	—	34	26 76	34	26 76	—	—



TABLE 3

## ST. GEORGE HEALTH CENTRE TREATMENTS — 1965 (52 weeks)

CATEGORY					Practice 'A'	Practice 'B'	TOTAL
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*Patients*

i. Referred by G.P.	...	...	...	...	3,507	2,964	6,471
ii. Not seen by G.P.	...	...	...	...	1,152	897	2,049
iii. Total patients	...	...	...	...	4,659	3,861	8,520
% of patients after 5 p.m.	...	...	...	...	43%	32%	38%

*Treatments*

1. Dressings	...	...	...	...	1,054	589	1,643
2. Minor operations	...	...	...	...	71	68	139
3. Eye treatment	...	...	...	...	8	10	18
4. E.N.T. treatment	...	...	...	...	378	260	638
5. Antibiotics	...	...	...	...	54	193	247
6. Other injections	...	...	...	...	459	527	986
7. Cautery	...	...	...	...	12	18	30
8. *Other	...	...	...	...	1,328	743	2,071

\* includes oral polio vaccinations

The nurses also acted as chaperones on 238 occasions

*Investigations (excluding A/Natal)*

A. Haemoglobin	...	...	...	...	651	334	985
B. E.S.R.	...	...	...	...	127	70	197
C. E.C.G.	...	...	...	...	99	128	227
D. Urine	...	...	...	...	260	923	1,183
D1. No. in D referred to Path. Laboratory	...	...	...	...	9	2	11

*Specimens Sent*

a. Blood	...	...	...	...	112	352	464
b. Ear swabs	...	...	...	...	5	1	6
c. N.T. swabs	...	...	...	...	28	20	48
d. Urines	...	...	...	...	323	111	434
e. Other	...	...	...	...	70	63	133

TABLE 4

## ANALYSIS OF RETURNS COVERING HOME VISITS — 1965

	INITIAL VISITS				RE-VISITS				REPEAT VISITS				TOTAL VISITS		
	Below pension- able age		Of pension- able age		Below pension- able age		Of pension- able age		Below pension- able age		Of pension- able age				
	M	F	M	F	M	F	M	F	M	F	M	F			
PRACTICE 'A'															
No. of visits	...	...	1,999	2,471	363	697	1,160	1,648	308	509	181	387	1,241	3,236	14,200
Per pensioner on list	...	...	—	—	0·8	0·6	—	—	0·7	0·4	—	—	2·7	2·8	—
PRACTICE 'B'															
No. of visits	...	...	1,069	1,269	338	540	510	853	644	778	16	36	309	746	7,108
Per pensioner on list	...	...	—	—	0·8	0·6	—	—	1·5	0·9	—	—	0·7	0·9	—
HOME VISITS PER 100 PATIENTS ON LIST (per annum)															
Percentage of visits per quarter															
Practice 'A'		Practice 'B'													
1st quarter	...	33·6	30·6	All Males, Practice 'A'	...	...	95	Elderly Males, both practices	...	...	352				
2nd quarter	...	22·4	24·1	" " Practice 'B'	...	...	101	Elderly Females, both practices	...	...	322				
3rd quarter	...	19·3	20·8	All Males, both practices	...	...	97	Males under 65 yrs.	...	...	68				
4th quarter	...	24·7	24·5	All Females, Practice 'A'	...	...	154	Females under 60 yrs.	...	...	95				
				" " Practice 'B'	...	...	135								
				All Females, both practices	...	...	147								

# VETERINARY INSPECTOR'S ANNUAL REPORT 1965

**J. Allcock, B.V.Sc., M.R.C.V.S.**

(Inspector under Diseases of Animals Act)

## **NOTIFIABLE DISEASES**

1965 has been a year of freedom from notifiable diseases within the City. Nationally the picture has been good.

### **Swine Fever**

Showed a drop from 1,243 outbreaks in 1963 to 113 in 1965. 356 licences for 4,072 pigs moved into the City under swine fever regulations were received.

Forty-nine swine fever infected areas were designated at various times through the year. Bristol was within the area for some four weeks in April. 31 licences were issued for the movement of 281 pigs from Bristol during this time.

### **Anthrax**

This alone of the notifiable diseases showed an increase over the previous three year average from 340 in 1962 to 515 in 1965. This is of importance in that many animals or parts thereof come into the City and some of these, i.e., hides and knacker cases, are sudden deaths. Any one of these could be an anthrax case any day. I have attended meetings during the year with the medical officers to consider anthrax vaccination of the humans at risk.

### **Foot and Mouth disease**

Only one case was recorded in the country, but this after two years completely free. At the time of writing (February 1966) there are reports of extensive and virulent foot and mouth disease on the continent. One is apprehensive as to what 1966 will bring.

## **BOARDING ESTABLISHMENTS ACT**

Three premises are at present licensed under this Act. All have been visited during the year, and all three are quite satisfactory.

There still remain a few part-time kennels within the City that have not so far been licensed. In some cases there is a dispute as to whether the premises are subject to licensing or not. I hope that this position will be resolved shortly.

## **RIDING ESTABLISHMENTS ACT**

This Act came into operation in April, 1965. Two applications have been received, and I visited both on several occasions. In one case a licence was refused, in the other a licence granted for a reduced number of horses. In both cases the reasons for refusal of the whole licence asked for was inadequacy of the buildings. In a City with land prices so high it is impossible for a riding establishment to operate economically if land has to be bought. Thus rented accommodation has to be used. This is usually on a very short lease and no riding school proprietor can be expected to spend relatively large sums of money on stabling knowing that he may have use of it for only a very short time.

It seems to me that either riding schools within the City will disappear, or, if it is to be regarded as a desirable amenity, then land on long lease at below free market rent has to be made available for this purpose.

#### **PET ANIMALS ACT**

Twenty-seven pet shops are licensed under this Act. I have visited them all at least once during the year. In general the standards are improving.

There was one successful prosecution for offences under this Act and another is pending.

#### **PIGEON CONTROL**

At the request of the Health Committee I investigated the feasibility of using synthetic hormones in food to control the breeding of feral pigeons. The cost would have been considerable and results not certain, and the matter has not been pursued. (I read recently that West Berlin authorities are using this method.)

Egg destruction in suitable nesting sites appears the one alternative and I must acknowledge the help I have had from the National Agricultural Advisory Service in gaining knowledge of the habits of these birds.

They are a major problem not only for aesthetic reasons, but I believe there may be a real health risk.

As long as they are fed by the public no permanent control appears likely, and if ratepayers' money is to be spent in control measures I feel it will be, in part at least, wasted unless this feeding is stopped, either by pressure of public opinion or legislation.

#### **LORD MAYOR'S COACH HORSES**

During 1965 the horses have moved permanently to Ashton Court, and a further horse has been purchased.

As a result of this move and the extra horse, periods of "laying off" have been possible for the horses in turn, and also a longer period at grass. Their greatly improved condition has fully justified this change.

Veterinary attention to animals belonging to people of limited means became more available during the year with the introduction of a voucher scheme sponsored by the Royal Society for the Prevention of Cruelty to Animals, and the British Veterinary Association. All veterinary surgeons in private practice in the City are participating, and as a result financial assistance is available to treat the animals of those who cannot afford either extensive or prolonged treatment.

This scheme is a big help, but in my personal opinion it is unfortunate that no such scheme has been possible with the other major animal welfare society, the People's Dispensary for Sick Animals, to provide some emergency service for the animals of people who normally attend this clinic. At present no such facilities are available in the evenings or at weekends, and veterinary surgeons in private practice have to provide emergency services for animals and people who are not their clients at all, often without prospect of any fee, and outside normal working hours.

During the year I have had help from people too numerous to mention. Many departments of the Corporation, the police, the Customs, are only a few. To these and all others, thank you.